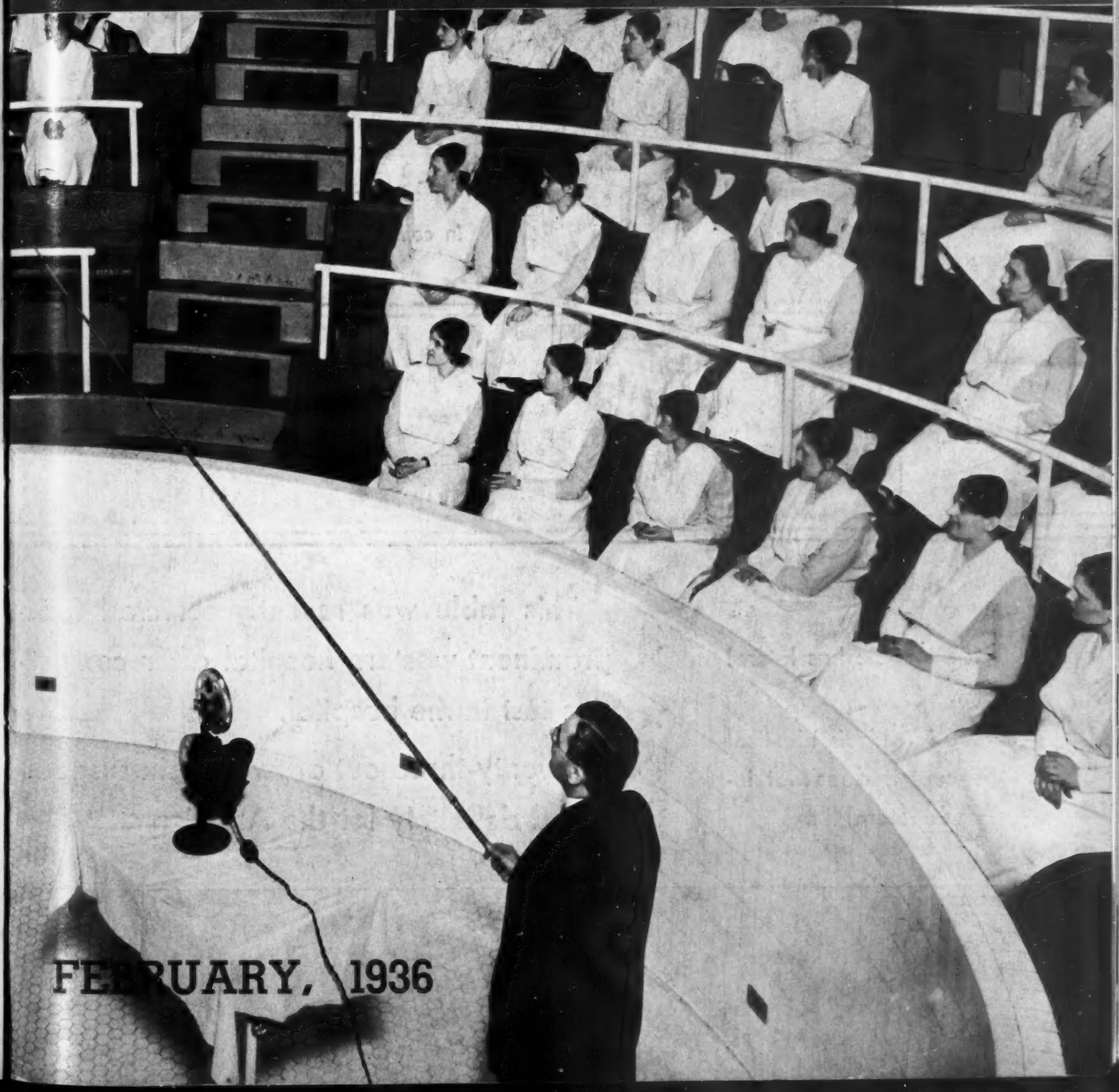
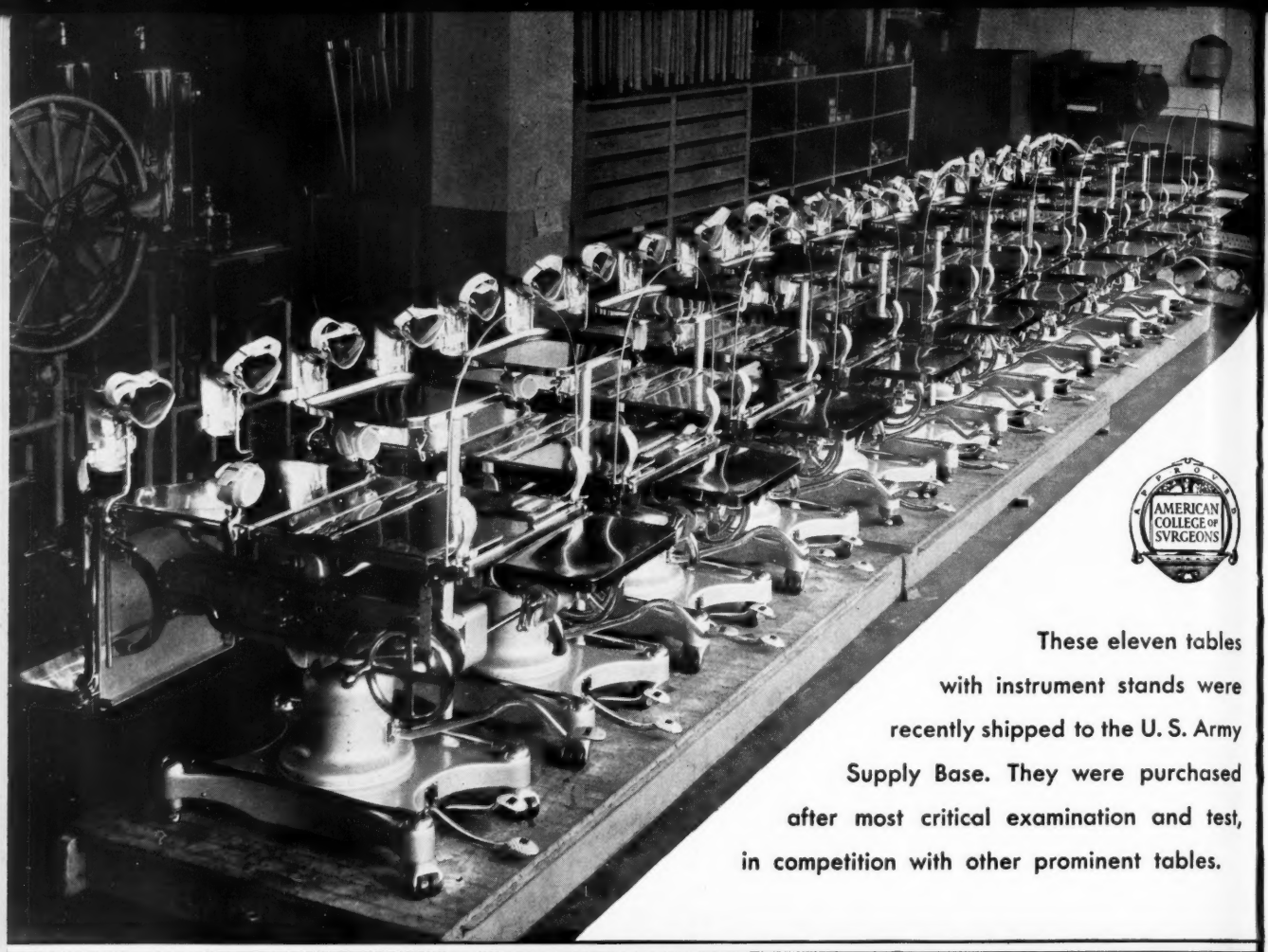
HOSPITAL Management

19



FEBRUARY, 1936



These eleven tables with instrument stands were recently shipped to the U. S. Army Supply Base. They were purchased after most critical examination and test, in competition with other prominent tables.

AMERICAN KNY-SCHEERER OPERATING TABLES

1064 • • • 1065

THE ONLY COMPLETELY HEAD-END CONTROLLED TABLE
THE MOST FLEXIBLE TABLE EVER OFFERED

1065 Table has lateral tilt.

1064 Table is identical except it does not include lateral tilt.

★ This table was recently selected for a prominent western hospital after competitive test in the hospital.

★ Twenty-three out of twenty-six surgeons voted definitely for the American.

AMERICAN STERILIZER COMPANY
ERIE, PENNSYLVANIA

Precision Sterilizers and Disinfectors • Operating Tables

Sales Offices in New York, Chicago, Boston • Agencies in Principal Cities in the United States
Represented in Canada by Messrs. Ingram and Bell, Ltd., Toronto, Montreal, Winnipeg, Calgary

HOSPITAL MANAGEMENT

CONTENTS THIS ISSUE

FEATURES

The Psychopathic Patient and the General Hospital 19
By Dr. Lucius R. Wilson

Good Health Program for Staff Cuts the Cost of Maintenance 22
By Maxine Lanier

How You Can Stimulate Interest of Your Trustees 24
By Ingersoll Bowditch

Saving Premature Infants 25
By A. E. Paul

Status of Refrigeration and Air-Conditioning in 110 Hospitals 26

Planning the Storage and Dispensing of Supplies 28
By Frances Meier

Eliminating Vibration and Noise in Hospitals 30
By Siegfried Rosenzweig

Medical Social Work in the Hospital of Today 33
By Mary Ross

DEPARTMENTS

In the Suppliers' Library 10
As the Editor Sees It 34
Food and Dietary Service 37
Hospital News of the Month 48
The Hospital Housekeeper 53
Medical Records Department 59
How's Business 62
News from Suppliers 64
Buyer's Guide 66
Index to Advertisers 67
Classified Advertisements 69

VOL. 41—No. 2 : : : **FEBRUARY, 1936**

JAMES P. DOBYNS, Managing Editor

HELEN R. YOUNG, Dietary Editor — A. B. ENGELSMAN, Assistant Editor

MARSHALL W. REINIG, Business Manager

F. B. SHONDELL, Advertising Manager — M. F. FLANAGAN, Circulation Manager

M. F. ISERMAN, Art Director — H. H. COSTELLO, Promotion Manager

JACK BAIN, Eastern Manager
516 Fifth Ave., New York
Murray Hill 2-3383

DON HARWAY & COMPANY
155 Montgomery St., San Francisco
318 W. Ninth St., Los Angeles

INSTITUTIONAL PUBLICATIONS INC.

HOSPITAL MANAGEMENT is published on the tenth of each month at 612 No. Michigan Avenue, Chicago, Illinois, by Institutional Publications, Inc. It is a member of the Audit Bureau of Circulations, and a member of the Associated Business Papers, Inc. Subscription, $2 a year. Single copies, 20 cents, in U. S. Canada, $2.50 a year; foreign, $2.50. Entered as second class matter May 14, 1917, at the post office, Chicago, Illinois, under the act of March 3, 1879.

Western Electric presents

the NEW Program Sound System for hospitals!

...with many revolutionary features

Smaller and better! Lower priced! It's what you have been waiting for!

Western Electric's new sound distributing equipment marks the most important advance in years. Engineered by Bell Telephone Laboratories, it does all that previous large, costly systems did —and more too—*yet costs far less.* This latest Western Electric achievement is the ideal sound equipment for your hospital!

For bulletin giving full details, write Graybar Electric, Graybar Building, New York.

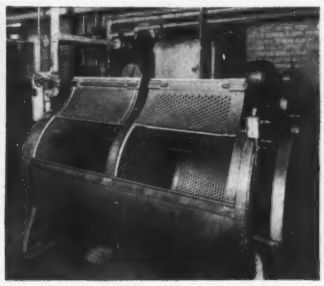
Western Electric

Distributed by GRAYBAR *Electric Co.* *In Canada: Northern Electric Co., Ltd.*

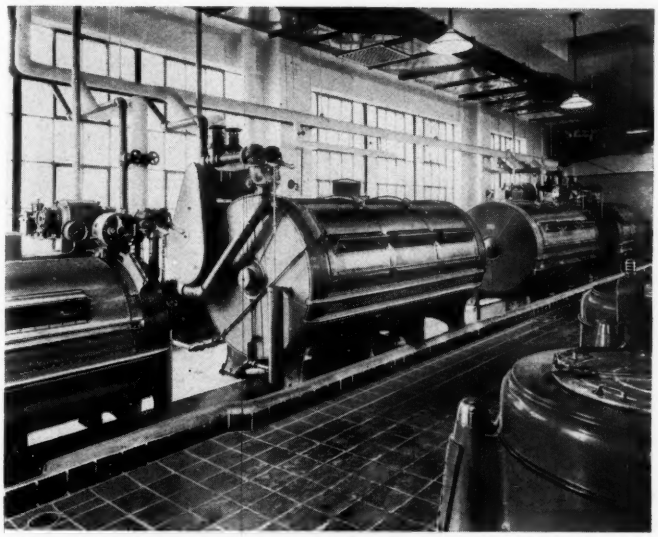
PROGRAM DISTRIBUTION AND PUBLIC ADDRESS SYSTEMS

for LAUNDRIES
MONEL METAL!

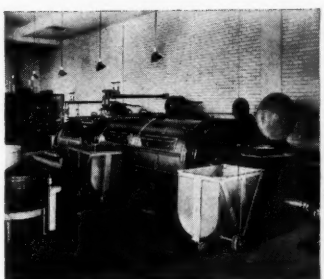
PROVIDES CONTROL OVER THE WASH AND POSITIVE STERILIZATION

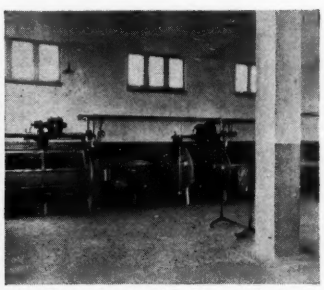


(ABOVE—Left) *Monel Metal Extractors in service at the Eloise Hospital Laundry, Eloise, Mich.* (Right) *A close-up of a Monel Metal Machine installed in the Brooklyn Hospital, De Kalb Avenue & Ashland Place, Brooklyn, N. Y. This machine has been in service longer than 20 years. It was installed June 3, 1915. (This is an unretouched photo taken in 1933.)*



A battery of Monel Metal washers at the Jersey City Medical Center, Jersey City, N.J. Complete installation consists of: (a) 6—54" x 108" Monel Metal Washers; (b) 2—36" x 54" Monel Metal Washers; (c) 2—42" x 84" Monel Metal Blanket Washers; (d) 2—47" x 72" Monel Metal Washers. Total daily capacity about 40,000 lbs.





(ABOVE—Left) *Monel Metal Washers and extractors installed in the Montefiore Hospital, Pittsburgh. The laundry trucks are also built of Monel Metal.* (Right) *Monel Metal laundry equipment in St. Johns Hospital, Tulsa, Okla.*

Fortunate the hospital that runs its own laundry and equips it with Monel Metal:

The individual laundry gives the hospital complete control over its wash, safeguards linen supplies, and provides certain and approved sterilization.

Monel Metal laundry equipment assures long-time service with low maintenance costs. Monel Metal is as strong as steel yet cannot rust. It resists corrosion, both from washing soaps and compounds and from hospital solutions. It forms no rough spots, develops no splinters to catch and tear your fabrics. It is easy to clean and easy to keep clean.

Moreover, it enables your laundry operator to operate with water at higher sterilizing temperatures without danger of deterioration.

Monel Metal equipment, used in all the leading commercial laundries, takes up less room, uses less power, requires less water, less steam and smaller amounts of soap and supplies than old-type equipment.

Write for literature that details the money-saving records made by Monel Metal in laundries.

THE INTERNATIONAL NICKEL CO., INC.
67 WALL STREET, NEW YORK, N. Y.

MONEL METAL

Monel Metal is a registered trade-mark applied to an alloy containing approximately two-thirds Nickel and one-third copper. Monel Metal is mined, smelted, refined, rolled and marketed solely by International Nickel.

IN THE SUPPLIERS' LIBRARY

Request to Hospital Management will bring these new folders and latest information about equipment and supplies. Ask for them by numbers for convenience.

ANESTHETICS

No. 358, 359, 360. Booklets on "Spinal Anesthesia," "Obstetrical Analgesia" and "Open Ether Anesthesia," authoritatively prepared for the profession by E. R. Squibb & Sons.

BEDDING

No. 369. "Care of All-Wool Blankets," a detailed description of the methods of storing, laundering, cleaning and otherwise caring for wool blankets so as to keep them in good condition. Published by Kenwood Mills.

No. 417. A folder illustrating and describing the line of hospital beds, mattresses, chairs, chests and dressers, and especially, the removable emergency bed sides made by the Inland Bed Company.

BIRTH CERTIFICATES

No. 425. A pictorial bulletin describing the birth certificates printed by Franklin C. Hollister, Chicago.

CASTERS

No. 393. A well illustrated descriptive catalog of 68 pages, showing every type of caster, wheel, slide and socket for hospital use, covering the entire Bassick line. The Bassick Company.

CHINA

No. 379. A folder on "Econo-Rim," a new design in china for the purpose of saving tray and table space. Onondaga Pottery Co.

CLEANING MATERIALS, SUPPLIES

No. 376. "Wyandotte Products for Hospitals and Institutions" explains how all cleaning in the hospital and institution can be done, and how every rule of thorough, safe and economical cleaning can be easily followed. The J. B. Ford Co., Wyandotte, Mich.

No. 392. "Maintenance Cleaning Illustrated." This booklet covers the entire field of maintenance cleaning. J. B. Ford Co.

COTTON, GAUZE, ADHESIVE

No. 405. "Hospital Service Book and Catalog No. 2," issued by Johnson & Johnson, containing editorial and catalog material about surgical dressings, sutures, etc.

COOKING EQUIPMENT

No. 415. "The Facts About Electric Baking," is a 92 page booklet telling how to figure loads, costs, etc., and also catalogs the electric ovens made by Edison General Electric Appliance Co.

No. 416. "Electric Bakery, Hotel, Restaurant and Marine Galley Equipment," is Edison General Electric Appliance Company's Catalog No. B-700, and describes all types of the company's institutional electric cooking equipment.

FLOOR MACHINES

No. 409. A twenty-page booklet, published by Lincoln-Schlueter Floor-Machinery Co., Inc., describes and illustrates the firm's large line of electrically-driven machines for scrubbing, waxing, polishing, sanding and surfacing all types of floors.

FOOD PRODUCTS

No. 421. "Cellu" Dietetic Products. The catalog of Chicago Dietetic Supply House's line of packaged food products designed primarily for use in diets of low carbohydrate value. A wide variety of products is listed.

No. 419. A new edition of "The Use of Rice on the Hospital Menu." Written by Millie F. Kalsem, dietary director, Cook County School of Nursing, Chicago. Published by Southern Rice Industry.

No. 420. "Fascinating Cranberries and How to Serve Them." A handsome, 20 page booklet with many full color illustrations of attractive cranberry recipes. 43 recipes. American Cranberry Exchange.

INFANT IDENTIFICATION

No. 390. "Deknatel Name-On-Beads," a pamphlet describing the advantages and uses of this system of infant identification. J. A. Deknatel & Son Inc.

LAUNDRY MACHINERY

No. 426. The handsome new illustrated catalog of The American Laundry Machinery Company describing the complete line of equipment for hospital laundries.

LINENS

No. 375. "Towels and Their Story," describing manufacture, care and selection of towels for all purposes. Cannon Mills.

LIGHTS

No. 404. Modern Surgical Illumination. A new pamphlet describing recent and important developments in surgical illumination, prepared by the Wilmot Castle Company.

MATERIA MEDICA PAMPHLETS

No. 410. "Larodon," the new synthetic analgesic. This fourteen-page booklet describes the most recent contribution of Roche research chemists to non-official materia medica. Indications for its use and its chemistry are described. Hoffman-LaRoche, Inc.

No. 400. "A New Remedy for Post-Operative Intestinal Atony." A discussion of the action of *Prostigmin* —a parenteral stimulant of peristalsis. Hoffman-LaRoche, Inc.

MATTING

424. "Why Matting?" a four page folder issued by American Mat Corporation, describing the advantages of rubber matting for use in building lobbies.

MISCELLANEOUS

No. 394. "Polar Water Stills." This catalog goes into the art of water purification, the needs and how to accomplish it, and gives more complete data than has ever been comprehended in a water still catalog. U. S. Bottlers Machinery Co.

MOTION PICTURES

No. 388. "D&G Surgical Motion Pictures." A booklet by Davis & Geck listing a group of motion pictures demonstrating surgical anatomy, pathology and various operative technics, which are available without charge.

NURSES' UNIFORMS

No. 368. The "White Knight" list of quality garments for all hospital purposes, as well as linens and blankets, with prices. Issued by Will Ross, Inc.

OXYGEN ADMINISTRATION

No. 423. "Oxygen Insuflator." Describes a new scientific method for the tracheal administration of oxygen by a nasal catheter. The American Hospital Supply Corporation.

PAGING AND PUBLIC ADDRESS SYSTEMS

No. 422. "Program Sound System." A descriptive, illustrated twelve page booklet explaining the application of the Western Electric Company's new sound distribution system.

RECORDS

No. 412. "Alphabetical Indexing," describing the alphabetical disease and operation indexes; also other essential indexes as statistic cards, patients', physicians', X-ray, and laboratory. Physicians' Record Co.

No. 413. "Standardized Hospital Record Forms." Approved forms for professional service, administrative, accounting and all other departments. Physicians' Record Co.

SILK FABRICS

No. 418. Samples of Horco Hospital Silk and a descriptive folder. It comes in several weights and colors and is a waterproof fabric useful for sheets, pillowcases, etc. Also made up into items such as operating coats, Hoover Aprons and other garments. Mann Sales Company.

SOLUTIONS

No. 397. "Dextrose Intravenously," "Bibliography Dextrose Intravenously" and "The Prescribing of Dextrose Phleboclysis." By Bernard Fantus, M. D. Distribution through salesmen of American Hospital Supply Corporation.

No. 403. "Parenteral Administration of Fluids." A brochure and complete information on Filtrair Solutions. Published by Hospital Liquids, Inc.

STERILIZERS

No. 234. "American Sterilizers and Disinfectors." Catalog. American Sterilizer Co., Erie, Pa.

SUTURES, LIGATURES

No. 407. A series of five booklets "Plain and Chromic Catgut," "The Advance in Absorption Control," "Castro-Intestinal Sutures," "Dermal and Tension Sutures" and "Sterilization and Bacteriological Control," published by the Lewis Manufacturing Co.

No. 414. "D & G Atraumatic Sutures in Surgery of the Eye," a twelve-page booklet published by Davis & Geck, Inc., which describes the firm's new line of sutures especially designed to meet the exacting conditions encountered in eye surgery.

X-RAY EQUIPMENT, SUPPLIES

No. 381. "A New Fracture, X-ray and Orthopedic Table." Literature describing method of watching and guiding reduction of fractures under the fluoroscope, by the use of oil-immersed, shock-proof X-ray unit. General Electric X-ray Corp.

No. 386. "X-Rays and Health" and "X-Rays in Dentistry." Eastman Kodak Co.

When You Plan to Buy . . .

you'll find valuable help in the booklets and pamphlets listed. They are published by manufacturers and dealers serving the hospital field and contain much useful information. Circle the numbers of those you want. They will be sent to you without obligation.

358	393	416	375	388
359	379	409	404	368
360	376	421	410	423
369	392	419	400	422
417	405	420	424	412
425	415	390	394	413
418	403	407	381	426
397	234	414	386	

HOSPITAL MANAGEMENT,
612 N. Michigan Ave.,
Chicago, Illinois.

Please see that the items whose numbers I have circled are sent to me without obligation.

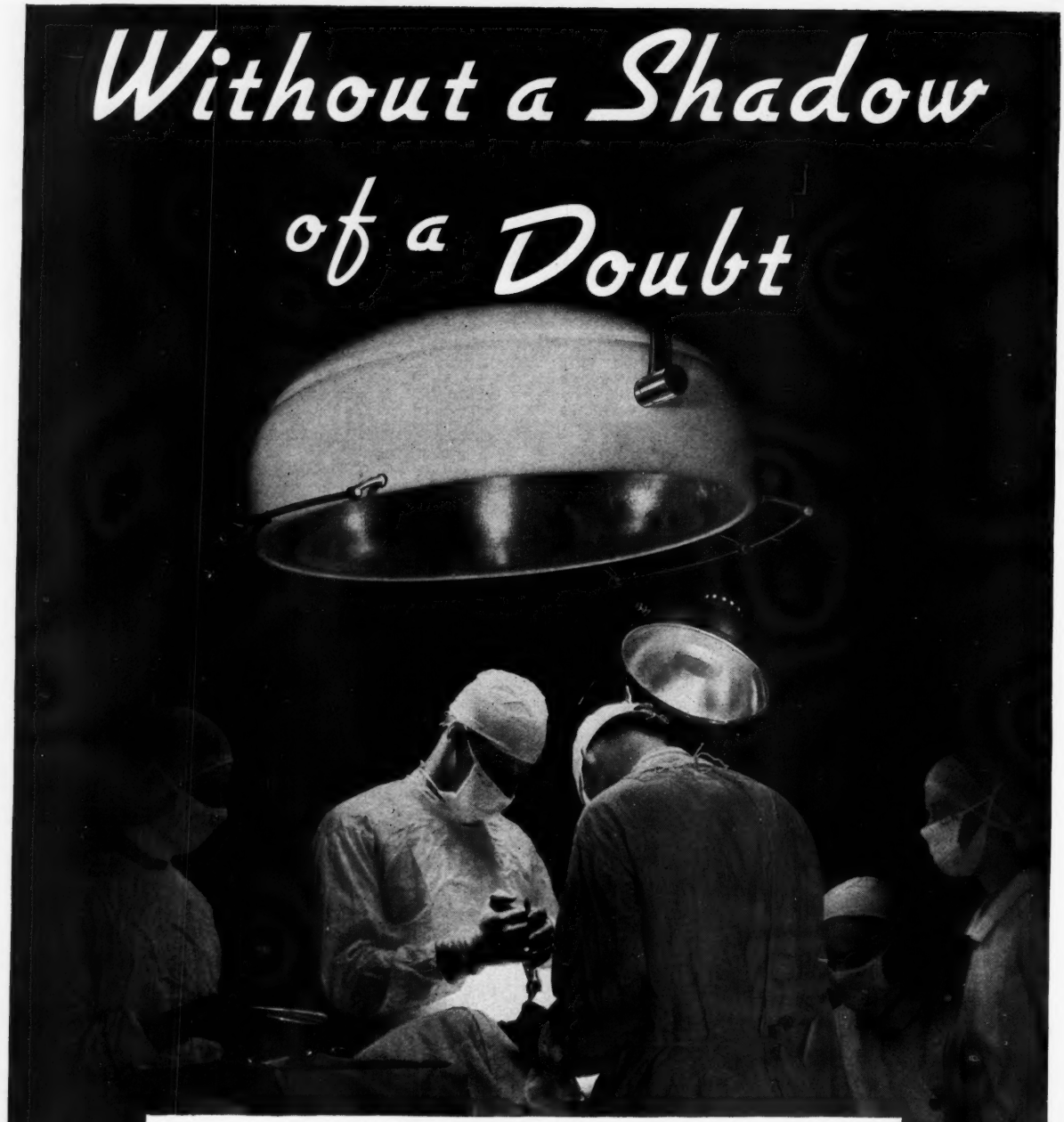
Name .....

Hospital .....

Address .....

IN THE SUPPLIERS' LIBRARY . . FREE . . ASK FOR THEM

Without a Shadow of a Doubt



LIGHT *In a Superlative Sense*

★

Write for Catalog

CASTLE LIGHTS

IN THE INCISION

Real illumination in the incision should be the criterion of an operating light's efficiency. Castle Lights are cool—less than one degree temperature rise—and are color-corrected to reveal true tissue color. Wilmot Castle Co., 1273 University Ave., Rochester, N. Y.

APPROVED BY AMERICAN COLLEGE OF SURGEONS

HOSPITAL Management

FEBRUARY, 1936

The Psychopathic Patient and the General Hospital

By EDWARD RANDALL, M.D.

Chairman, Building Committee, The Sealy and Smith Foundation for The John Sealy Hospital

and

LUCIUS R. WILSON, M.D.

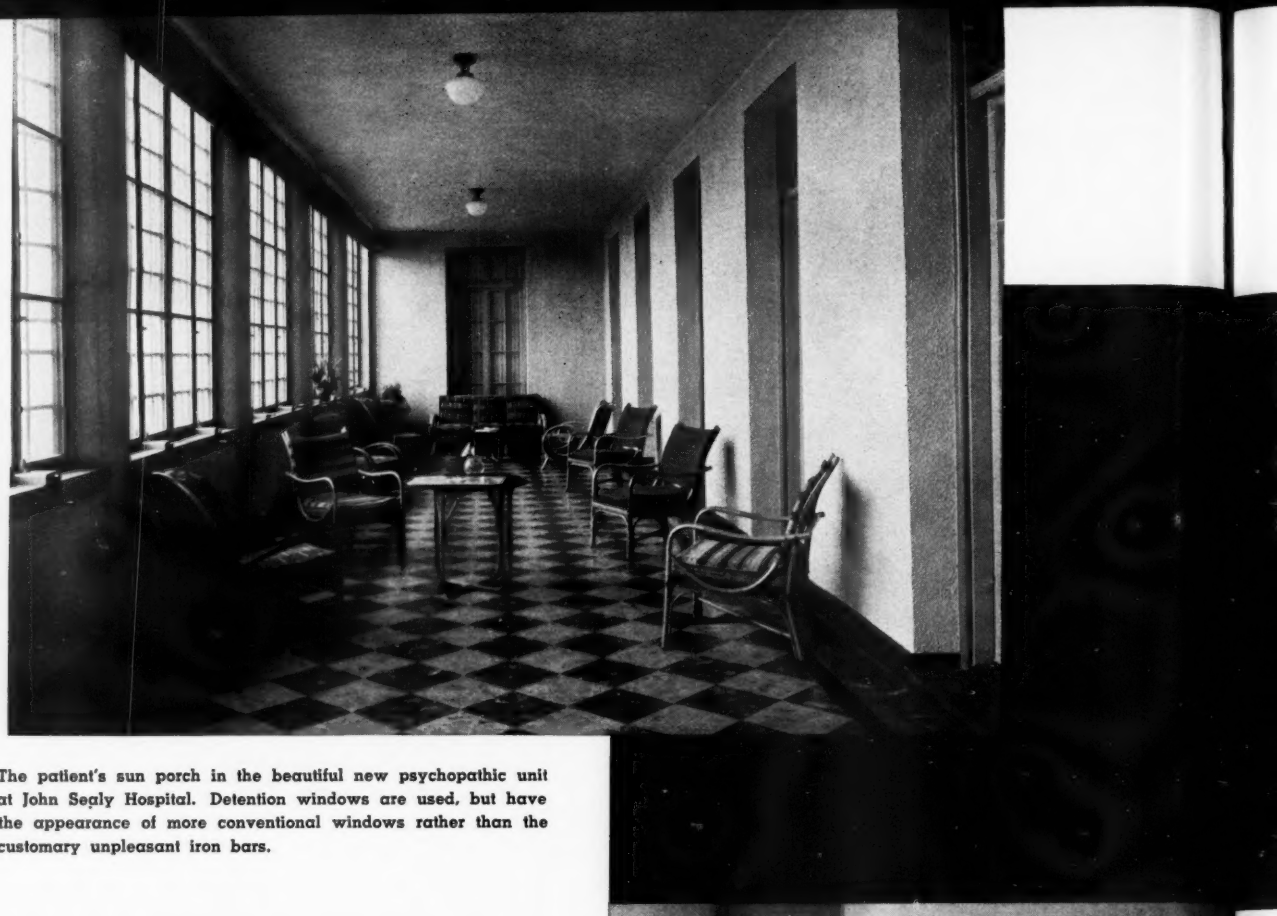
Superintendent, The John Sealy Hospital, Galveston, Texas

» » » THE MODERN AND INTELLIGENT care of mentally ill patients now results in many cures and the re-establishment of the patient as a self-supporting and useful member of society. This is a far step from the days of only a few decades ago when custodial care was about all that could be offered, and good results were the exception. Of recent years psychiatrists have repeatedly and insistently called to the attention of the hospital world the excellent work that could be accomplished in the field of psychiatry with proper facilities and have urged the general hospital to cooperate by providing special units for the care of mental patients. Why the directors of hospitals have been slow in their response to these demands is difficult to understand when it is estimated that fifty per cent of all hospital beds are occupied by mental patients, and mental illness is increasing at an alarming rate. One commentator has estimated that this increase is so great that unless checked the entire population will be mentally afflicted by the year 2137. Is it not time that the hospital world and the medical profession joined hands to stop the ravages of this malady?

The request of a psychiatrist for a special division with proper facilities for the care of his patients is no more unreasonable than a similar request from the surgeon, obstetrician, pediatrician, or other clinicians. Most certainly no other specialty can guarantee so large a group of patients who will be hospital guests for long periods of time. The care of these patients with a suitable organization offers no more complex nor hazardous situations than does the care of patients on other hospital services. Personnel and facilities are all that are required, and no other service can suffice on less.

Since the financial crash few hospitals have cared for their maximum number of patients, and many hospitals have had occupancy consistently as low as fifty and sixty per cent. Our hospital, while not suffering from the low census disease as acutely as others, could care for more patients than it was admitting. We had always tried to exclude mental patients from the general divisions because they frequently disturbed and alarmed other patients. With unoccupied rooms and the inevitable decreased revenue we gradually relaxed and admitted mental patients in increasing numbers. This delighted the psychiatrists, but irritated other department chiefs. Even under these conditions we soon developed a clientele, and mental patients from neighboring communities were coming to our hospital.

The capable service of the members of the psychiatric department was the main reason for this development, but the fact that the patients were being cared for in a general hospital was a contributing factor. Mental



The patient's sun porch in the beautiful new psychopathic unit at John Sealy Hospital. Detention windows are used, but have the appearance of more conventional windows rather than the customary unpleasant iron bars.

illness to the mass of people carries a stigma, and families unfortunate enough to include mentally ill members prefer to place them in a general hospital and thus prevent the knowledge of the condition from becoming widespread.

We soon found that the caring for mental patients on general divisions was decreasing the hospital's popularity with other patients, so an experiment was planned. The group of hospital structures included an unoccupied modern fireproof building. One floor was converted at a very nominal expense into a psychiatric unit. Grills were placed over the windows, night lights installed, small observation windows built into the doors of each room so that attendants could observe the patients at regular intervals, a continuous flow tub was provided for quieting disturbed patients, and a treatment room was equipped for special treatments, such as forced feedings, wet packs, and lumbar punctures. While this unit was far from ideally constructed, it soon was filled to capacity, and the need was urgent for more and better accommodations for this type of patients.

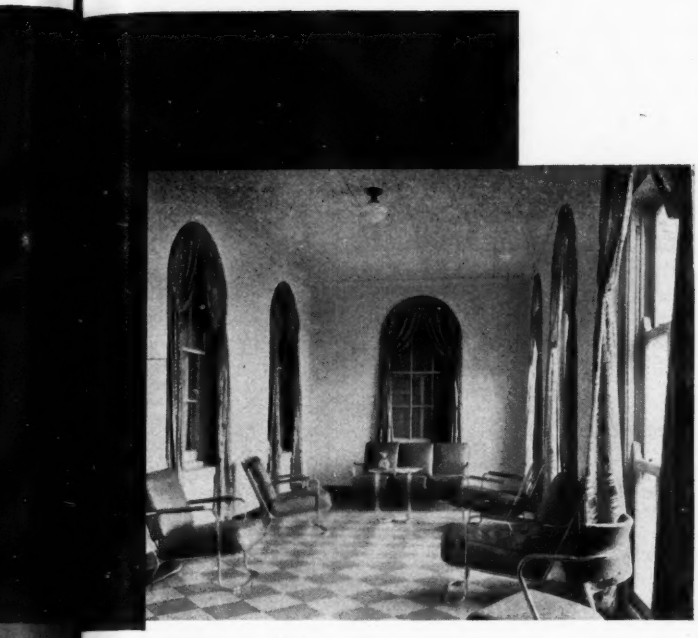
The Board of Trustees of The Sealy and Smith Foundation for The John Sealy Hospital appropriated $15,000.00 to remodel another floor which would provide accommodations for sixteen patients. Plans were carefully drawn this time to provide all the essentials for modern care of the mentally ill. Escape proof windows without grills or bars were installed in the rooms A large porch was glazed in with the same type window, providing an attractive and comfortable sun porch. The services of a decorator were secured to obtain an attractive color scheme both in painting and draperies.

One of the patient's rooms. Note that it is furnished in modern type furniture, with pleasant, simple lines. There is nothing confusing or anything that suggests that this room is anything but a tastefully furnished guestroom in a modern home. The patient has no feeling of confinement.

Some rooms were equipped with modern hospital furniture and others with modernistic furniture similar to that found today in many modern hotels. Most careful consideration was given to the environmental needs and comforts of the patients.

The selection of the personnel for such a department is most important, and the ratio of employees to

This development has covered a period of less than two years and has proved conclusively to us that general hospitals can advantageously care for mentally ill patients. The stigma of being cared for in a mental sanatorium is removed. The patient can be cared for in his community, thereby relieving the family of the expense and inconvenience of traveling to distant cities; and, if competent personnel is secured, the results obtained will be equal to those of the specialized institutions. Any director of a hospital with unoccupied space will do well to consider the installation of a psychiatric unit.



The entrance porch of the new psychopathic unit. The modern, tubular furniture, high bright windows with their cheerful drapes suggests a club—a place where a person would want to stay rather than a place of confinement because of mental illness.

The living room of a patient's suite is shown in the upper of the two photographs below. Note that the detention windows have the appearance of "French" windows. Again it has been possible to make the living room retain the appearance of a living room in a private home rather than in an institution.

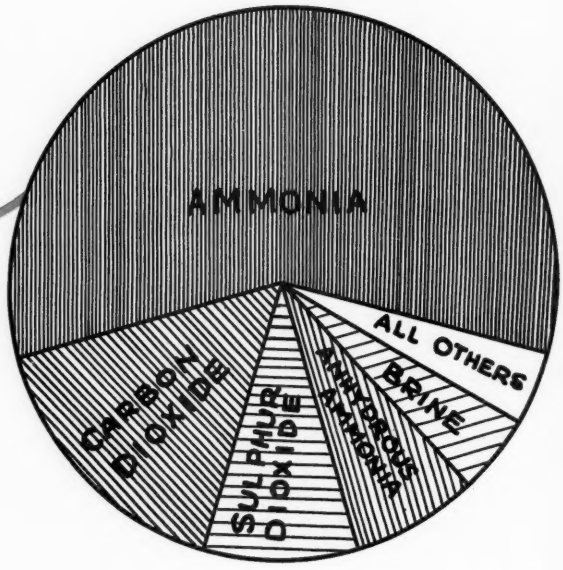
Another type of patient's room is shown in the bottom photograph. A reading lamp may be seen at the head of the bed, flowers are on the bedside table, a mirror, comfortable chair and dresser, together with bright, cheerful drapes, all tend to improve the patient's outlook on life.

patients is higher than usually found elsewhere in the hospital. The care of the patients consists mainly of guiding them by persuasion and with freedom from force. Most of their wishes are granted when they do not interfere with their general welfare. Occupational therapy along the conventional lines of basket making, rug weaving, and toy manufacturing is seldom employed although a trained worker is on the staff. Recreational activities instead have been encouraged. An attendant will accompany a patient to the theater, play golf or tennis, or walk along the beach. To provide social contacts, lawn games are planned, and patients together with attendants play croquet, baseball and volley ball. For the patient who does not care for outside activities, games of cards, checkers, and chess are provided. With the installation of a physical therapy department at a later date, our provisions for the care of mental patients will provide all the essentials.

The floor first remodeled for psychopathic patients is now used for disturbed patients, and it will gradually be remodeled to bring it up to the standard of the new addition which accommodates the quiet and convalescent type of patient. Accommodations have been provided for a total of thirty-two patients, and it is expected because of the usefulness of this unit that the one remaining floor of the building will be needed for mental patients in the near distant future. The members of our psychiatric department are even talking of new buildings for future expansion.

Status of Refrigeration and Air-Conditioning

IN 110 HOSPITALS



» » » THERE IS PROBABLY no group to whom ice is more important than it is to hospital people. For not only does the hospital make the ordinary use of ice—in drinking water and in the preservation of food—but it uses it in various therapeutic measures.

Depending upon the hospital's size, location, relationship to the community and other factors, the ice it uses is secured in a variety of ways. In some instances the local ice company supplies it—in others it is furnished by some commercial institution with large refrigeration facilities. A great many hospitals make their own ice.

In an effort to obtain a cross-section of practice in this matter, HOSPITAL MANAGEMENT directed a questionnaire to 485 hospitals of all sizes, located in every state, asking for certain basic information regarding their refrigeration facilities. A part of the questionnaire also asked about air-conditionnig in the institution.

Results were tabulated on 110 hospitals responding to the inquiry. Others who replied since the tabulation was made up are not included in this report. The 110 hospitals represented are located in 43 different states, and vary in size from 50 to 477 beds. Their total bed capacity is 20,744.

Of the 110 hospitals, 90 have ice making machines: 7 have two machines, and 1 has three machines.

A tremendous variation in the capacity of the machines becomes evident as the results were tabulated. The smallest in use had a daily capacity of 100 pounds, and the largest had a capacity of 30 tons daily. An effort was made to correlate size of the hospital with the capacity of the machines, to determine an average relation of machine capacity to the hospital's bed capacity. It was not possible to make such a correlation. With the exception that the small hospitals generally had smaller machines than the very large institutions, no sort of rule could be determined. In some instances a 200 bed hospital would have a machine of 500 pounds' daily capacity, while in another a 150-bed hospital had a 15-ton machine. The average figure for the 90 hospitals equipped with machines was 7 tons, but in view of the great variation found, this figure has little meaning.

No such great variation was found with regard to refrigerants employed by the machines. Their nature and relative proportions are shown in the circular "pie-chart." Eighty-six of the 90 who had machines were able to state the refrigerant used, as follows:

Ammonia	50	Brine	3
Carbon Dioxide.....	15	Freon	1
Sulphur Dioxide.....	8	Methyl Gas.....	1
Anhydrous Ammonia.	6	"F-12"	1

Another great variation was discovered when the names of the manufacturers from whom the equipment was purchased, were tabulated. Thirty-six different makes of machines are in use in these institutions. One manufacturer sold 23½ per cent of the machines, and the leading five sold over 50 per cent of them. This is shown graphically in Fgure 1. The column over the letter "o" represents 22 different manufacturers. The other columns are individual manufacturers in proportion to their sales of machines.

Figure 2 shows the relative age of the refrigeration equipment, which ranges in age from six months to 25 years. It will be noted that most of the machines are between six and ten years old—evidently purchased during the good times of a decade or so ago. The next largest group was purchased from eleven to fifteen years ago. The oldest groups will need replacing before many more years, it is obvious. The average age of all machines is nine years, three months.

Administrators anticipated the need for replacement of their equipment from the present to an indef-

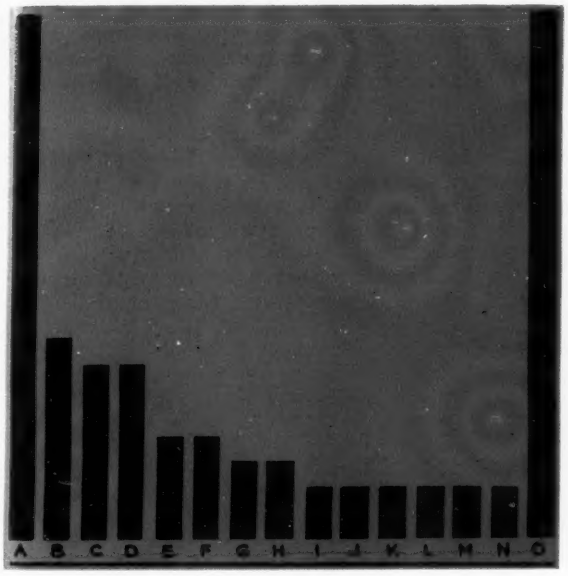


Figure 1. Makes of Ice Machines in Use.
Figure 3. (At right)—Makes of Mechanical Refrigerators.

inite time in the future. Sixty-five did not know whether or when they would need to have new machines, six stated they need new ones now, and the balance put the replacement time at from three to thirty years.

In addition to the main refrigeration machines, smaller self-refrigerating boxes are widely used, as disclosed by the study. Of the 110 hospitals 91 had such boxes. Slightly over 99 per cent of them are electrically operated—the remainder are gas-operated. The 91 hospitals using them have a total of 543 in the total—an average of 4.93 per hospital. That there is need for more of them is indicated by the fact that there is an average of 343 beds for every self-refrigerating box.

Twenty-two known manufacturers sold these refrigerators to the 110 institutions, and in the case of eight of them administrators did not know who make the refrigerator. Although the number of manufacturers represented is not as great as for the ice-mak-

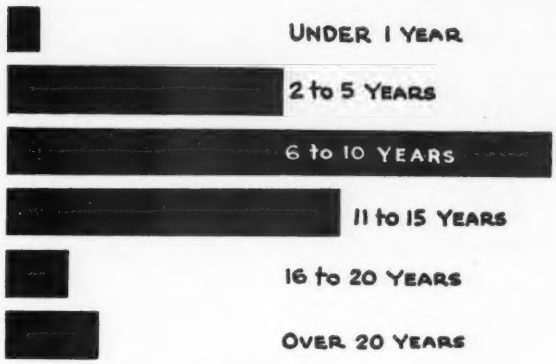


Figure 2. Age of Ice Machines in Use.

ing machines, the dominance of a few makers is even more pronounced, as shown in Figure 3.

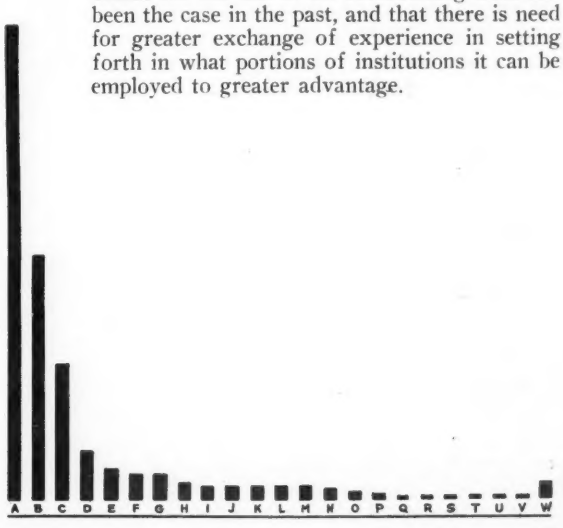
One manufacturer made 43 per cent of the refrigerators, and the leading three sold just under 75 per cent of them. The largest number sold by any maker was 232 units. The leading three makes account for 417 out of the total of 543. The refrigerators in use vary from new to 18 years of age, but the average age is only 3 years, one and one-half months.

Air-conditioning in the group of 110 institutions brought out the following facts:

Equipped with some form of air conditioning	25
Entire hospital	1
Entire wings—half of hospital	1
Part of patients' rooms	7
Surgical pavilion	5
Operating room or rooms	11
Nursery	11
Maternity rooms	3
Delivery rooms	2
Nurses' workroom	1
Children's ward	2
Outpatient departmnet—thyroid ward	1
Corridors	2
Business office building	1
Tumor clinic	1

One uses an exhaust system in toilets, bathrooms and kitchens; one partially air-conditions opearting rooms; and two have portable conditioner units which are used where required. Of the latter one has nine such units, and the other has one.

It is apparent that a wider range is being found for the use of air-conditioning than has been the case in the past, and that there is need for greater exchange of experience in setting forth in what portions of institutions it can be employed to greater advantage.



How You Can Stimulate Interest of Your Trustees

By INGERSOLL BOWDITCH

Treasurer, Board of Trustees, Faulkner Hospital, Boston, Massachusetts

» » » WHEN SEVERAL HOSPITALS, about the same size and doing similar work, are situated within a convenient distance of each other the superintendents can form a club which should hold meetings several times during the year to discuss hospital problems. Such a club has been formed by nine superintendents of hospitals in and near Boston, and is known as the Hospital Administration Club. They have been kind enough to invite to some of their meetings members of their Boards of Trustees. This enables the trustees to learn first hand about matters which do not naturally come to their attention but about which they should be informed to make them of value to their hospitals.

At a recent meeting of this club, to which trustees had been invited, following the regular business of the evening, anyone could ask a question and the others help to find the answer. Some of the questions which were presented and their answers may be of help to some trustees.

Should a hospital from its own funds buy tickets to the firemen's, policemen's and postmen's balls? The majority felt that the purchase of these tickets was not a proper use of charitable funds while the representatives of two hospitals considered the purchase a proper expenditure, to be charged to publicity. This latter is, undoubtedly, the proper answer. A hospital wants the good will of the municipal and federal employes as well as of the general community and by contributing to the fund which takes care of the sick and injured it is really enabling the members of the departments to pay their hospital bills. The purchase of these tickets is really a form of publicity and should be charged to that account.

How can hospitals having training schools obtain suitable material? It was suggested that educators be invited to serve on the Training School Committee. This enables the director of the School to keep up with the subjects being taught in the high schools and colleges and she may be in a position to suggest courses to be taken by the students before they take up their training to become nurses.

Another suggestion was made that the director visit the high schools from which student nurses might come and outline the advantages of hospital training. She could explain the different branches of nursing service, such as private duty, institutional and public health, and show the important points of each. She might outline how her own hospital prepares nurses for these different branches and in this manner interest the students to train in her hospital. Some directors may be so situated that they have more applicants than they can accept and in that case they can recommend students to other training schools. The school which offers the best course of training and has an adequate teaching staff, together with proper living and social accommodations, will have no great difficulty in attracting a good quantity of qualified students.

What employes, if any, should be bonded and how large a bond should be taken out? This is an important matter and cannot be covered by a general rule. Some hospitals have those who handle money bonded for $2,000.00 or more, others include the superintendent and his or her assistant, while still others bond nobody but have insurance to cover loss of money. Frequently the treasurer of the hospital is bonded for a large amount. To some this seems somewhat of an imposition as the treasurer is elected by the corporation and should be picked out for his honesty and integrity. He generally serves for no compensation except the joy he gets out of his work by doing things for other people. He should be responsible, through the superintendent, for all the cashiers and bookkeepers in his department and because of his business experience can tell whether it is wise to bond those in his department. The tendency is to bond all employes who handle the funds of the hospital and it is a very good policy to concentrate this duty in as few persons as possible.

The time is coming when very serious thought will have to be given to the different methods for the financing of patients' bills offered by financing companies. The laws of Massachusetts, and undoubtedly of other states, prohibit those who are not members of the bar from acting as bill collectors. The result is that companies calling themselves "note brokers" have been formed, buying from the hospital notes signed by patients and paying a stated percentage of face value, taking the difference themselves for the cost of collecting installments on the note and for accommodating the hospitals with ready cash. The hospital, by endorsement, is supposed to be responsible for the payment of the note and in case the maker is unable to meet it must return the amount due on the note at the time of maturity. This opens up questions of bookkeeping, as a reserve must be set up to meet this liability. Also, is it advisable for a hospital to have a note endorsed by it in the hands of the public? Many trustees do not think this wise, although by this method of financing a patient's bill

(*Continued on page 63*)

INSTALLATION OF NEW EQUIPMENT PROVIDING SELECTIVE ATMOSPHERIC CONTROL AT ENGLEWOOD HOSPITAL, CHICAGO, IS CAUSE FOR REMARKABLE RECORD ACHIEVED IN

Saving Premature Infants

By A. E. PAUL, M.A.C.H.A.
Administrator, Englewood Hospital, Chicago

The happy parents of the premature triplets—on their way home after the tiny youngsters' lives had been saved by the new controlled atmosphere incubators recently installed at Englewood hospital.

Photo Courtesy The Chicago Tribune

» » » BY ITS VERY NATURE the premature advent of an infant constitutes an emergency. It follows obviously that we may hope to effect a substantial reduction in the infant mortality rate only if the maternity department is equipped so that it will operate at the highest possible degree of efficiency when emergencies arise.

Prior to October, 1935, the methods employed at Englewood hospital in the care and provision for premature infants were not at all unusual. The ordinary type of incubator was used and the results obtained, while comparable with those obtained generally throughout the United States, still left much to be desired, in our opinion.

Then, on October 22, an event occurred at Englewood hospital that has been considerably publicized in the Chicago newspapers, and in newspapers throughout the country. This event was the seven months premature birth of male triplets. The delivery was uneventful. The weights of the three infants at birth were 3 pounds and 2 ounces, 3 pounds and 10 ounces, and 3 pounds and 6 ounces, respectively.

The infants were placed in an incubator of the usual type and it was soon thoroughly apparent that the ordinary type of incubator could not provide the necessary ideal conditions, and that a better incubator had to be obtained if the infants were to survive.

The physician in charge of the case, Dr. Henry Hoeksema, was consulted on the advisability of installing a new type premature infant incubator known as the Humidicrib. With the babies losing weight at an alarming rate, prompt action was imperative. Fortunately, it was possible to obtain one of the units promptly through the leading local hospital supply house.

(*Continued on page 63*)

GOOD HEALTH PROGRAM FOR STAFF CUTS THE COST OF MAINTENANCE

By MAXINE LANIER

» » » THE CARE AND WELFARE of patients is the major concern of hospital executives; but too often even these days these executives overlook a most important factor in promoting better care of the patients. The health and welfare of the nurses is so strongly reflected in the health and welfare of patients, that the care of nurses should be of primary importance.

Proper attention given to the health and maintenance of nurses means a more efficient staff and certainly a lower operating cost for the institution. In this day of competitive business and high operating cost, the management of every hospital must be as efficient in building a proper personnel and in establishing a low rate of maintenance of this personnel as that of the factory operator or other large business institution.

Good health is a requisite of the student nurse when she enters training; but health is never a fixed characteristic, and as the welfare of the patient is largely dependent upon the efficiency of the nurse, more attention should be given to preserving this essential quality.

The average hospital's routine provides for proper vaccines and precautions to prevent nurses from becoming victims of contagious diseases. But some points that determine the health and efficiency of nurses are often overlooked by those in charge—such points as these: more frequent physical examinations; sympathetic attitude toward and better treatment of ill nurses; directing a nurse's work as a co-worker rather than subordinate; better housing facilities; pleasant surroundings; physical and mental rest with proper recreation.

Instead of the annual or biannual physical examinations given to student nurses by most institutions, a thorough going over should be given all students at least once every three months. The student is sometimes exposed daily to various contagious diseases. The supervisors should report to the Superintendent of Nurses any indication of illness among girls under their supervision.

Failure to have frequent physical examinations often leads to permanent weakness and injury to the student, and costs the institution expensive hospitalization. For instance, one recent case in a hospital with only annual examinations concerned a girl who was subjected to hyperpyrexia. She was given attention, but instead of a thorough examination, as should be the case in such instances, she was treated for a slight irritation of the throat. When the fever subsided, she was allowed to return to her patients, in spite of a persistent cough, and to her small room which she shared with three other students.

A short time later, this student's cough grew worse, her fever returned, and she was forced to go back to bed where she remained without any sort of treatment until it seemed convenient to x-ray her chest. The x-ray showed active pulmonary tuberculosis. Had this student received frequent physical examination, and then proper treatment after discovery of the trouble, her health would not have received a permanent injury, and she would not have endangered the health of her room-mates and patients. Early discovery of this student's illness, aside from the humanitarian standpoint, would have had her back in service soon, paying a dividend on the investment the hospital has in her training instead of being a liability that has already cost the institution many dollars for her care and treatment.

Often a student is received by her superintendent with such a bored, resentful attitude that she is reluctant to report her ailments. Naturally, the superintendent does not wish to encourage a neurotic, but if she assumed a different attitude, one of understanding and sympathy, she would command more willingness in the student to overcome her slight ailments and gain a more loyal and friendly relationship toward herself.

When a nurse becomes ill and is admitted to the hospital, she should receive the same privileges granted other patients—which is not true with many hospitals in their care of nurses. These students should be permitted to receive visitors, for they need the encouragement inspired by sympathetic friends and relatives.

An ill nurse should never be placed in an isolated place and neglected. Such a practice does not inspire loyalty and peace of mind—both necessary for proper

(*Continued on page* 36)

Medical Social Work In The Hospital of Today

By MARY ROSS
Associate Editor, The Survey, New York

» » » FOR MEDICAL SOCIAL WORKERS as for others hard times have brought not only more work and new kinds of work to be fitted to the job but also the scratchiness of public criticism or inter-professional criticism that comes when pressures of overwork and underbudgets try tempers. Medical social workers are in a position which has made an affirmative statement of their aims particularly difficult. They work in hospitals, not as independent practitioners, but in a team which includes all other branches of the hospital's personnel—physicians, nurses, technicians and the like. Their work forms a shuttle between the various activities of the institution, the patient, and the community outside, yet is in itself a special entity.

For these reasons there is added importance at this time in the clear and authoritative study of aims and methods in medical social case work now presented by Harriet M. Bartlett in *Medical Social Work*.[1] This study, one of a series, is the report of a committee of the American Association of Medical Social Workers of which Miss Bartlett is chairman; the other members are Edith M. Baker of St. Louis, Kate McMahon of Boston, and Janet Thornton of New York. It is not concerned with the development or change of social resources for the care of the sick or the economic readjustments to make medical service accessible, though it is believed that here the medical social worker has something to contribute. It recognizes "what is only too evident today, the inadequacy of the social case method when a disordered society is unable to meet even the minimum needs of its members for nourishment, shelter, health and economic security."

All too often, especially when budgets are hard-pressed, board members, hospital administrators, even members of the medical staff or patients look on the medical social worker as a convenient device to ascertain whether a patient can pay, and if so, how much—a kind of tactful credit officer. The Committee does not discuss that misconception of medical social work, but wipes it off the slate by the affirmative picture. It shows how specialization in medicine itself first drew social work into the hospital; how the increasing recognition of social factors in sickness and its care is continually broadening the scope of medical social work:

"All members of the medical team individualize the patient but, because of her special focus and training, the medical social worker carries this process to a further stage. She contributes to medicine a point of view which constantly visualizes the patient as a person, sees him moving in a web of family and community relationships, supplies social background and psychological depth to the picture.

While all members of the medical team share in social treatment, it is the medical social worker's special contribution, the committee believes, "to deal with the more complex or recurrent social problems which, because of the amount of time, special knowledge and skill required in their treatment, would tend to deflect each of these specialists from his own particular focus!" Such problems are likely to come especially when illness is recurrent or chronic, or in relation to physical handicap and invalidism. The medical social worker's place, as distinguished from the social case worker outside the hospital, is limited to the patient who requires continuing medical supervision. It is broadened both by the modern emphasis on preventing illness and the increasing recognition of the importance of emotional factors in illness. In all of these she serves as interpreter between hospital and community, patient and physician and between other members of the medical team, and functions as a co-worker with them to further their common aim—the patient's well-being. She shares with the medical practitioner the goal of the patient's health, but recognizes that "the fullness of individual life does not rest on health alone," and that the individual may be injured by too unimaginative an emphasis.

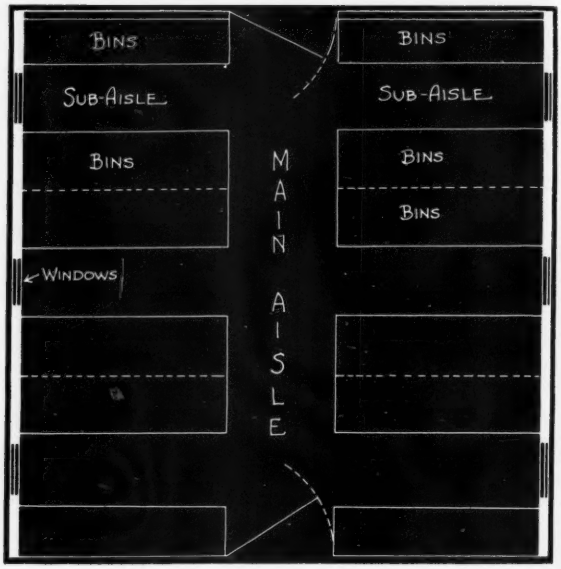
How such aims and functions work out in actual practice is made concrete by the story and analysis of three cases. One is that of an office-worker in her late twenties, struggling to support a mother and sister and to carry the mortgage on the home which had become the anchor of her pride. She had been a clinic patient at intervals over five years without effective relief of her physical complaints before she was referred for adjustment of the social difficulties. The second is that of a lively thirteen-year-old, a Polish boy with particular manual skill, who had lost his right arm in a freight-yard accident. The third is that of a comparatively young woman who had to learn that her illness soon would prove fatal. In all of these there were practical matters—renewal of the mortgage, an artificial limb, more comfortable surroundings—which the medical social worker could help to arrange. In all, however, there were less tangible services which helped to promote physical progress by easing strain and worry or helped in the crisis when medicine could offer nothing more. This view of what medical social workers are and do and of the still cloudy areas in medical social work which invite further study will prove illuminating to all concerned with its specialty of wholeness.

Reproduced through the courtesy of *The Survey*, New York.
[1]American Association of Medical Social Workers, 18 East Division Street, Chicago, Illinois.

Planning the Storage and DISPENSING OF SUPPLIES

By FRANCES MEIER

Storeroom Clerk, Hospital of St. Barnabas For Women and Children, Newark, N. J.



» » » WHEN IT IS CONSIDERED that fifty per cent of the total expenditures of the average hospital goes for salaries, twenty per cent for food, twenty-five per cent for supplies, and that five per cent covers all other expenses, it behooves those in authority to give much more attention to the stocking and dispensing of items accounting for forty-five cents out of every dollar spent, than is now given in the majority of institutions. With proper storing of supplies of every description, and with a well paid and efficient clerk in charge, the management of even the smallest institution will be surprised and pleased when the day for paying bills comes around.

A well arranged stock room will immediately show the items on hand, and the experienced clerk will extend purchases by many months by referring to the book record as to how slow or fast items move. This article will endeavor to give in detail a method that has proved workable and economical, and which can be installed in a hospital of any size.

For a 110 bed hospital, for instance, approximately 120 bins for all supplies other than food will be required. The number of food bins needed will be governed by the amount of stock to be carried on hand. This will be discussed a little further on.

The shelves for medical and similar items should be 12 inches high and about 13 inches wide. Those for enamel ware should be 24 inches high, which is also a suitable height for plaster cast and similar items. Plaster and cotton will fit in the 12 inch bins. It is suggested that the bins be built as shown in figure one, as this design has been proved as a time-saver.

Have your stock arranged so that all items of the type are in one place—for instance, Bandages, Bulbs, Brushes, Cotton, Enamel, Gauze, Glass, Needles, Paper, Plaster, Rubber, Silver, Stationery, Sutures, Syringes, Thermometers—and a Miscellaneous corner for anything that does not come under those headings. Place the number of the bin, from No. 1 up, at the upper left-hand corner of each bin. These numbers cost very little in any stationery store. Items should be placed under the number—not above.

Next decide on a card system, as it is easier to handle, and time means money in a storeroom. Arrange the cards under the same headings as are used in the bins. A suitable system is shown in figure two.

No requisitions should be filled unless supervisors request them on blanks such as those shown in figure. This is very important for posting purpose in the bookkeeping system, and saves time, as the clerk knows at once just where to go in the bins to fill the order. Here, as anywhere else in the hospital, time is worth money, and efficiency must be kept in mind always if the institution is to stay out of the red.

Have a definite time for filling orders—food the first thing in the morning, drugs one day, other supplies another. Remember that shipments are arriving continually and must be unpacked and shelved at once. For this reason the clerk must be interrupted as little as possible. Insist on all items being entered on cards at once; delay may mean another unnecessary purchase. Experience has shown that food stock should be deducted from stock each week, while other items can be deducted at monthly intervals. In this manner a perpetual inventory is kept—but unless the records are kept up to date they are useless, and this is the reason for insisting that all incoming items be entered on the records at once.

In the proper place on the card, be sure to enter the bin number. This is very important, as in emergencies even one unfamiliar with the stock can obtain what is wanted by referring to the card system.

On a definite day each week, hand a list of items needed to the purchasing agent, noting on the list whether any of the material is needed in a rush. With the prompt deliveries possible today, the stock can be permitted to become quite low, and yet never actually run out. In one item, food, the number of cans on hand was reduced in two months by 304 cans, and it never did go back to its original high figure. Money not tied up in excessive inventories can be used for other purposes and its rapid turnover means that more actual use and value is received out of every dollar so released.

The bin and card method should be applied to linens also, making headings for Binders, Blankets, Infants' Wear, Gowns (Nurses' and Operating), Pillow Cases, Sheets, Towels, Yard Goods (Rubber, Gauze, Muslin, etc.), and Miscellaneous.

Food may be classified easily under the following headings: Cereals, Drinks and Juices, Fruits, canned, Jams, Relishes, Sea Foods, Soups, Desserts, Dried Items, Vegetables, canned, and Miscellaneous. It cannot be impressed too vigorously upon the clerk in charge that items must be unpacked *at once,* they must be entered *at once,* and that bins must not be changed.

Drugs should be placed on shelves in an alphabetical arrangement, as this has proved to be the quickest method for every need. Chinaware should be placed according to design, if various designs are used. Narcotics, if carried in the storeroom, should be placed alone, so that close check may be kept upon them. This also applies to card record.

X-ray, anesthetics, splints and similar items should be placed in bins under each heading, each bin of course carrying its special number. This also applies to instruments of all kinds.

It is important that not only the necessities be carried in stock on the floors, as this will soon prove to be an undue expense if much of it accumulates. It is advisable to have the head supervisor check over floor stocks several times a year in order that this item may be kept within bounds.

There will always be bulk items that cannot be unpacked and placed on a shelf. A fair-sized room for these goods, placed in the same manner as the other stock, will take care of this. Here again it is necessary to keep close track of operations—to watch and check—for lack of room will tempt the clerk to pile cases on top of other cases, hiding the identity of those on the bottom, or making the lower bulk items difficult to remove. It will be found very soon that the bulk supplies on hand in this room will be materially reduced once the system is established and in working order.

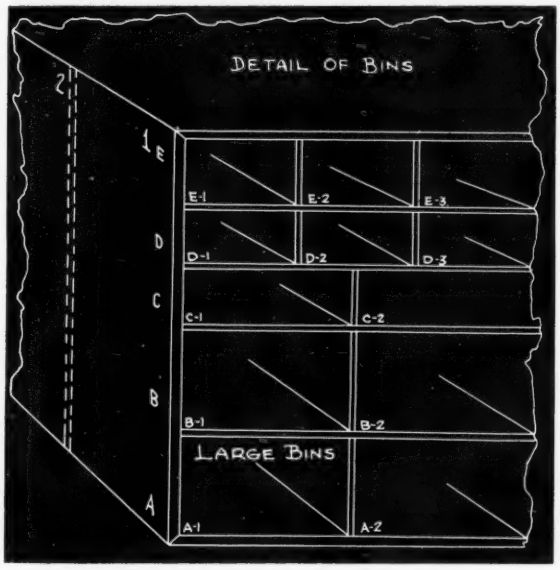
It is vitally important that items in the bins be arranged so that the heaviest are near the door and nearest the floor. The lighter ones and those seldom called for can be placed in the highest bins and in those farthest from the clerk's desk.

A detailed receipt should be made out for every item that is received and from this receipt the information is posted to the proper card in the file. Costs are also entered on the cards, either from the invoice, if the clerk receives them, or from orders issued, which are given to the clerk by the purchasing department.

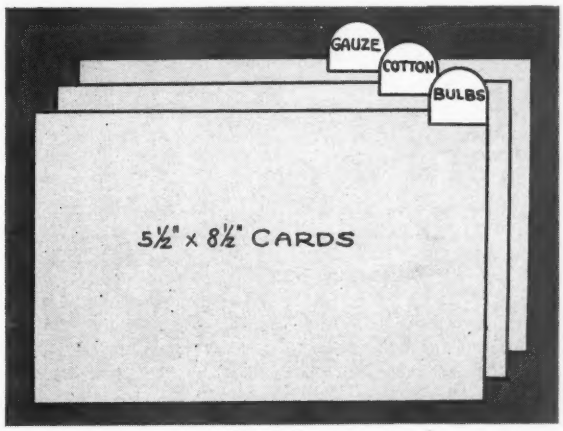
The bin system may be simplified or amplified as necessary. If the hospital is small, it will not require as much detail as is shown on the sketches of the bins. A simple numbering system may suffice.

If a requisition for liquid diets is used, it will be found to be a money saver. The form shown has worked out admirably. A similar requisition serves for foods, carrying the classifications used in the bins and on the cards. Drugs, housekeeping supplies and linens are dispensed from one requisition, similar in form to the liquid diet form which is illustrated. General supplies are issued on requisition listing the general classifications under which they are carried in the bins and on the cards. A small slip is used for the Emergency Requisition, bearing a blank space for

(*Continued on page* 56)



A suitable floor plan for a hospital storeroom is shown on the opposite page. Aisle space should be wide enough to permit the clerk to reach into the bins without undue crowding. Details of suitable bins are shown immediately above. Note that the smaller bins are at the top while the larger ones containing heavier items are at the bottom. A coded numbering system is most helpful in making items easy to locate.



The card file is coded in numbers corresponding to the numbers used on the bin-shelves. When an item is required out of stock it can be looked up on the card, and the clerk, or one other person having access to the storeroom for emergency purposes can go to the proper bin and quickly bring the item out of stock.

Eliminating Vibration and Noise in Hospitals

By SIEGFRIED ROSENZWEIG
Consulting Engineer, President, The Korfund Co., Inc., New York

» » » THE ADEQUATE ISOLATION of machinery and the sound-proofing of buildings to prevent the transmission of disturbing noises has stimulated intensive thought during the last decade. The present day tendency toward lighter building construction, accentuated by the use of such materials as steel and concrete, makes the problem constantly more acute. The reasons are obvious to the engineer. Wear on machinery, interference with fine adjustments and lowered efficiency of employes, leading to an increase in accidents are some of the local effects of noise and vibration in industrial cases. Dynamic stresses may be set up in building materials which are much more dangerous than static loads and which, in cases of resonance, may even lead to the collapse of buildings.

In the hospital there is added to these factors consideration of patients. The medical staff knows the effect on the patients which the hospital houses, but elimination of noise and vibration must in many instances—especially the more difficult cases—be left to the engineer.

There are two major classifications of vibrations to be guarded against: first, impact vibrations resulting from the direct contact of the vibrating body with a solid structure and progressing through the continuity of solid materials. These impact vibrations may be perceptible to either our sense of touch or sense of hearing. Second, there are air vibrations, generated in the air, which travel through the air as sound from one room to another. As the absorption of solid-borne vibrations—termed impact vibrations—and air-borne vibrations—termed air sounds—each require different treament, they will be analyzed and described separately.

For the isolation of impact vibrations a material must possess two principal characteristics: first, it must be resilient. By resilience is meant the power of rebounding quickly to its original state if the pressure causing its deformation is removed. Second, it must have a low modulus of elasticity. This term expresses the relation between the elongation of a material and the load producing the elongation. Therefore we say that a material has a low modulus of elasticity when its elongation (or compression) is great under a given load—resulting in a relatively great strain under a given stress.

For many years certain principal organic materials of high elasticity, such as rubber, felt, cork and various compounds have been used as vibration absorbers with more or less success. However, the elastic qualities of such materials may be rendered entirely useless by their incorrect application. Rubber, for instance, is practically incompressible when placed in a confined space. Rubber plates used under a large foundation area act, for all practical purposes, as a rigid body. Technically expressed, rubber has no "elasticity of volume" because under compression it changes its shape rather than its volume.

Natural cork, on the other hand, possesses this most desirable quality to a very marked degree. These facts are easily demonstrated by a simple test. Put a rubber plug into a cylinder and try to compress it. It is impossible. Yet a cork block subjected to the same test will compress to a fraction of its thickness and rebound quickly to its original shape when the pressure is released.

All organic materials have variable elastic properties and have the tendency to convert part of the energy of vibration into heat by internal friction, technically termed "damping" and quantitatively as "degree of absorption." That this damping, though beneficial in the foundation proper, is detrimental for most cases of vibration absorption, will be shown later on. We shall see why lead, which has an absorption factor of practically 100 per cent is an unsatisfactory vibration absorber, while a steel spring of proper design whose absorption factor is 1 per cent is capable, through its resilience, of entirely stopping the transmission of vibration.

The modulus of elasticity of a good isolator must be low. The table on the opposite page shows the modulus of a number of materials.

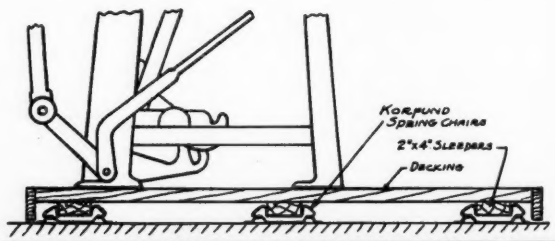


Figure 1. Laundry machinery such as ironers, pressers and other units used together may be bolted to a platform, which in turn is mounted on a suitable group of spring chairs as shown. This permits standard working height for the operator and cuts noise.

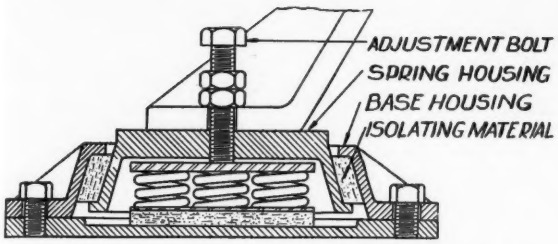


Figure 2. Showing constructional details of a scientifically designed spring used in the elimination of vibration. The size of the unit used and the tension to which it is adjusted depend upon the nature of the machinery which it is to support.

	Lbs. per sq. in.
Steel	30,000,000
Oak	12,000,000
Cast iron	10,000,000
Glass	9,800,000
Pine	1,100,000
Lead	750,000
Cork	700

(The values for timber and cork are given in the direction of the grain.)

Cork, for instance, is about forty thousand times softer than steel, yet springs made of steel will act like a material having a low modulus of elasticity because through the use of a proper shape and heat treatment, they are subjected to a great strain when compressed under a given stress.

These are some of the necessary physical qualities required of a good isolator. The most essential requirement of a spring mounting, however, is its proper application, based on mathematical calculations and an understanding of the fundamental principles involved, rather than relying on guess work. The finest material incorrectly used may aggravate the vibratory disturbance instead of lessening it.

The first complete quantitative analysis of vibration isolation was worked out by Soderberg.[1] It has since then served as a basis for all spring suspension calculation. Because of its technicality, it will not be gone into here, but it presents mathematically and conclusively, proof of the statement that improper application of spring mountings may increase rather than decrease the transmitted vibration.

We are particularly concerned with the periodic forces set up by the operation of rotating machinery—washing machines, mangles, extractors, elevator motors, electric generators, automatic furnace stokers, coal pulverizers, and other heavy machinery about the hospital. The most common cause of their setting up vibration is unbalance and other inertia forces of moving machine parts. A certain amount of this in any engine or machine need not be considered as an indication of imperfection in design or faulty workmanship. Perfect balance and frictionless operation are as yet beyond the reach of practical engineering. If perfect balance were possible, reasonance and vibration absorption would not concern us.

These unavoidable vibrations will persist, therefore, despite continued adjustment, and though frequently of negligible amplitude in new installations, become distressingly severe. Any derogatory effects either to the machine proper, the foundation, or the building structure, may be eliminated completely by the isolation of the foundation upon which the equipment stands.

Machines of identical design and identical workmanship react differently in each installation. Because of local conditions this is inevitable. To attempt adjustment after installation to meet these conditions is unsatisfactory to both the machine's builder and the hospital. The cost of adjustment which may, and often is, a very substantial figure, must be absorbed by the reputable manufacturer. To the hospital, although the fault may lie in the foundation, or building, the attendant delay and the necessity for adjustment may be difficult to understand.

Often we are ignorant of sub-soil conditions and usually we have little or no control over them. Building structure sometimes must be ignored similarly in the selection of the location of, for example, laundry equipment. It is, however, solely through these media that vibrations are transmitted, frequently over great distances, in varying degrees of intensity. In their progress through the ground or building structure they encounter conditions or objects which vibrate in resonance. Buildings, machines, windows, and much equipment, all have their own natural frequency of vibration, just as does a piano tuning-fork, for example. They respond to or vibrate in resonance with external vibration of the same frequency or its multiples. This original vibration may be both remote and of low amplitude and yet the resonant vibration may be most annoying. These curious facts explain why a machine as originally installed may operate without transmitting serious vibrations and later set up a severe resonant condition as a result of structural alterations to the building, which cause its natural frequency to change.

Heavy foundations will not cure this evil, and may even aggravate it, as explained in Terrel Croft's book, *Machinery Foundations and Erection*:

"Furthermore, if a vibrating machine is rigidly bolted to a foundation and the foundation is made so heavy that the vibration of the machine foundation unit is reduced to practically zero, *then excessive strain may be set up in the machine itself due to these vibrations which it tends to originate.* Hence, it may be often desirable to permit the machine—or the machine and its foundation—to vibrate a small amount, thereby minimizing the vibration strains upon the machine."

A properly isolated foundation, though of proportionately smaller dimensions, allows this vibration to proceed only to that degree necessary for the safety of the machine. This limited vibration is then localized, eliminating its transmittal to the building.

The vibration isolation of laundry equipment is greatly complicated because of the excessive unbalance set up by the large mass of wet or damp clothing which must be handled. Despite the utmost care in loading these machines, there is always a tendency for these masses to shift and at the necessary speed of revolution, a vibration is setup that at the very least is detrimental to the machine and the building, to say nothing of the patients in the institution.

It has been mentioned previously that cork, and steel springs have proved eminently satisfactory in a great many types of installations. The choice of either material depends upon the particular condition which is to be corrected.

Cork in its natural state owes its great resiliency to its composition of myriads of minute air cells or cushions. The effectiveness of these confined cushions

[1] *The Electric Journal*, January, 1924.

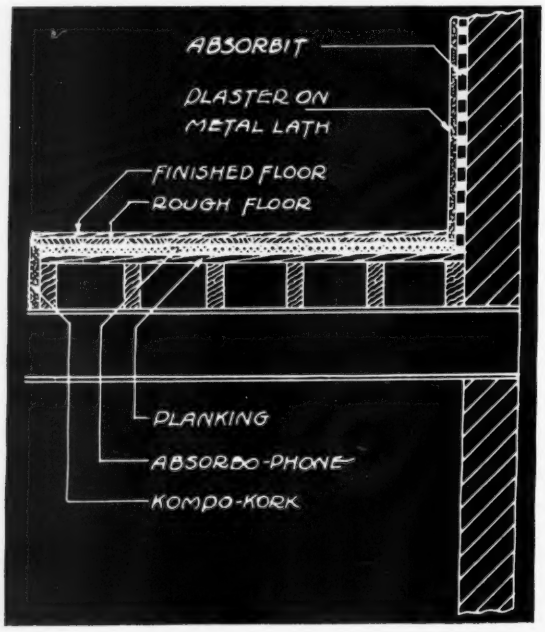
is protected by a natural sufficiency of the cork sap. Should this sap become extracted and evaporated the wood becomes dead and eventually loses its elasticity.

An effective method of making natural cork plates consists of the use of strips of selected natural cork bound together in a steel frame, the grain always running horizontally. The normal degree of gum is retained, and is preserved by a special process of dipping the plates in a heavy non-volatile oil. The shock absorbing qualities given to cork by nature in a remarkable degree are thus permanently assured.

This type of natural cork plate is unaffected by water or oil, but may be subject to slight deterioration when constantly submerged in strong acid and alkaline solutions such as are expelled or drained from washers or mangles. For this reason, cork plates intended for laundry installations should be sheathed completely in envelopes of four pound lead and sealed at the joints so as to make them absolutely water-tight. Such an application is shown in figure 1.

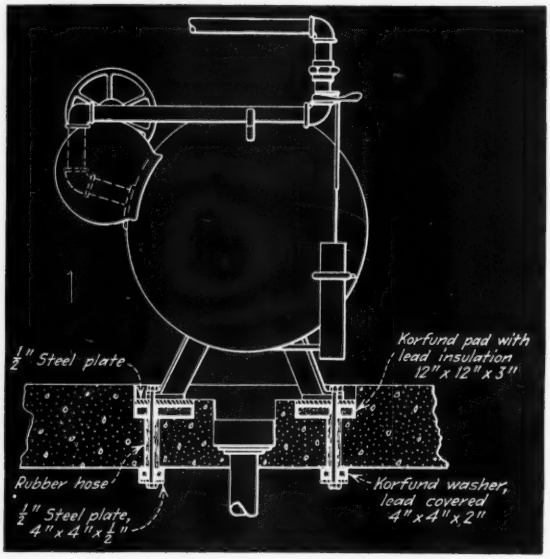
When the equipment requires anchoring it is important that the bolts be carefully isolated with washers and the bolts covered with rubber hose wherever they pass through the concrete or floor. When the lead is in direct contact with the concrete, it is advisable to coat it with asphaltum to preclude the possibility of lime corrosion.

While the laundry equipment mentioned thus far covers the worst offenders there are others which must likewise be frequently isolated. The most common of these are the presses or ironers. Any method of isolation which involves the insertion of a material or device under the machine itself and thus raises it off the floor may be most unwise in that the operator is forced to work at a less efficient height. Since most of the manufacturers of this equipment recommend certain combinations of several machines it has become the general practice to isolate these groups or units in their entirety. For this purpose, it is recommended that a timber platform of sufficient rigidity and size be built to support all of the equipment and the operator. This entire platform is then mounted on a series of spring chairs as shown in figure 2.



This platform is entirely isolated and floating on sensitive, resilient springs that effectively prevent the transmission of vibration and yet the level of the individual machine is maintained at exactly the height determined upon by the manufacturers. The possibilities of this principle of isolation are unlimited since entire floor areas, and the machines mounted upon them, together with the operators may be suspended upon these spring chairs at a low cost for both materials and installation.

In these instances, as in all others concerned with vibration elimination, the selection of the isolating material is comparatively simple, but depends upon technical details dependent upon local conditions, and consequently should be left to the isolating engineer. The requisite resiliency to absorb vibration, the degree to which damping is desirable or undesirable, and the structural strength to support the load, can only be determined mathematically by an engineer skilled in this work. After all, the cost of the isolating equipment represents only a small part of the total cost of installation. Careful adherence to the principles involved is of much greater importance than some slight reduction in cost.


½" Steel plate
Korfund pad with lead insulation 12" x 12" x 3"
Rubber hose
½" Steel plate, 4" x 4" x ½"
Korfund washer, lead covered 4" x 4" x 2"

Air-borne vibrations normally are detected by human beings as sound, although if of sufficient intensity, they can be felt also.

Any building can be utilized to the fullest advantage only if sound transmission is effectively deadened. When sound strikes a wall it is partly reflected on its surface, absorbed within the wall, and the balance is transmitted. Excessive sound reflection can be corrected

Fig. 3. (above.) Showing the method of installing a washing machine on lead covered natural cork plates. The machine is permitted to vibrate in order that it may not be damaged by its own motion, but the vibration is not transmitted to other parts of the building.

Figure 4. (at left.) Sound-proofing of a wall and a floor is shown here. A variety of materials is employed in order that air-borne vibrations may not set the wall or floor into motion thus transmitting the noise to the oher side of eiher he wall or the floor.

by treating the surface of the wall with plastic materials. This acoustical correction is not difficult usually.

The passage of sound from one room to another is, however, a complicated matter and may be brought about in three ways: first, through windows and openings in walls with practically no hindrance, and at a reduced rate through porous materials. Second, through an elastic wave motion communicated from particle to particle of the wall material and finally transmitted to the air on the other side. Third, through transverse vibrations by setting the entire wall into vibratory motion.

Obviously sound will be transmitted through openings without hindrance because no reflection takes place at this point. The sound is absorbed only through the density of the air. Porous materials will absorb a certain amount of sound through internal friction depending upon their composition. Greatest sound-proofing efficiency, however, is obtained by the use of the least porous material. Tests show, for instance that leather cardboard 1/20 the thickness of compressed cork (3/8") had the same insulating efficiency, and that asphalt 3/4" thick was nearly seven times as effective as compressed cork of the same thickness.

Experience indicates that only a little sound is transmitted through the elastic wave motion of the individual particles of a wall. In view of the materials used for wall construction this statement may be surprising, and contrary to the general conception of sound transmission. Because a material has a high sound conductivity it is not necessarily true that it transmits sound. Glass and steel head the list of materials having high sound conductivity. Yet those materials, provided they are rigid enough to prevent transverse motion are most efficient in the prevention of sound transmission.

A window may be made absolutely sound-proof by a double glass partition, and a heavy steel safe is equally efficient. One of the principal reasons for this is that sound reflection of about 96 per cent will take place on their surface because of the great difference in elasticity of these materials and air. For the same reason any sound vibrations that actually enter the solid building materials of the structure will in their passage be reflected totally at the air boundaries, and only those waves will be transmitted to the air as sound, which through resonance set a structural member into harmonic vibration.

Here we have the fundamental difference between isolation of solid-borne and air-borne vibrations. For the former we must use materials having a low modulus of elasticity and sound conductivity. This is the reason why air is the perfect isolator against impact vibrations. Just the opposite is true of air-borne noises. In spite of this fact the use of these materials (glass, steel, etc.) for such purposes is not always possible for mechanical and economical reasons.

The modern type of building, constructed of steel and concrete, naturally leads to the adoption of light walls and floors, yet sufficiently strong to fulfill all the requirements of a fireproof building. On the other hand, these walls will be set into transverse vibrations easily under the impact of sound waves, as proved by many experiments.

Hundreds of tests show that the mass of a uniform wall, or in other words the weight per cubic foot is the most important factor in effectively stopping sound transmission, although increase beyond a certain point brings little improvement. Walls of steel or glass or 12 inch brick would be very excellent sound barriers but their weight and thickness is too great to fit into modern construction. It is necessary therefore to discard the wall made of a uniform material, and combine instead a light construction with sound-deadening partitions. The illustration in figure 3 shows an application of this principle. Good results are obtained by the use of a very resilient material that will, like the action of a harmonica, react to the extremely small amplitudes of lateral vibrations and that is properly treated to be non-porous.

How difficult it is to correctly sound-proof a wall will be appreciated from the following facts. The amplitude of vibration of a sound barely audible is 1/20,000,000 of an inch, and that of a loud sound 4/1,000 of an inch.[2] The intensity of the conversational voice is only about ten microwatts (1/100,000 of a watt), expressed in terms of electrical measurement. Vibrations from a full sized band generate about 1 watt of energy. If the seven million inhabitants of New York City would converse simultaneously, the acoustic energy released would be capable of supplying the necessary electric energy for a 70 watt lamp. Unusually slight intensities are therefore capable of setting a partition into transverse motion sufficient to generate a sound which can be perceived by the ear.

While the intensity of sound is usually measured in watts, a different unit has been developed to express the sensation upon our hearing. This unit is the decibel, proportional to the logarithm of the intensity multiplied by ten. It is very fortunate that our ear responds in logarithmic relation to the intensity of a sound, as otherwise it would not be capable of withstanding the great impact of loud noises, as produced for instance, by gun fire. The intensity of the so-called threshold sound, a sound which can just be perceived by a normal person, is 1, and its decibel is zero because the logarithm of 1 is zero. For an intensity of 100 the corresponding unit of loudness is 20 decibels. For an intensity of 1,000,000, the level of the sound is stated at 60 decibels, and so on. Thus, even though the energy producing the sound is ten thousand times as great, it only sounds three times as loud to the ear. This greater "sensitivity" of the ear to weak sounds explains why the elimination of noise is a most difficult matter.

At a level of 40 decibels a sound begins to become objectionable, at 100 actually painful, and the threshold of feeling is reached at 130 decibels.

The harmful effect of noise upon our physical well-being is well known and appreciated by laymen as well as medical men. Everyone has experienced it and has felt it especially when his condition is below par. The condition of patients in a hospital of course makes this even more marked.

The general physiological aspects of sound and noise are beyond the scope of this article, though a serious habit of our system may be emphasized—that of apparently becoming accustomed to the ravages of noise. G. W. Kaye, before the Royal Institution of Great Britain, in 1931, stated: "It is only when the noise is stopped that the pronounced sense of relief makes one realize that one has been unconsciously bracing oneself against the noise."

Special sections of the hospital where it is imperative to keep noises and sounds either in or out, can be sound-proofed without too great expense, and the institution as a whole can be kept much quieter if the basic principles of vibration- and sound-deadening outlined in this article are followed intelligently and the necessary equipment installed by a competent isolation engineer.

[2]P. E. Shaw, Royal Society of London, 1905.

Hospital Management's
EDITORIAL PLATFORM

1. To elevate the standards of hospital practice.

2. To help in bringing good hospital service within the reach of every man, woman and child.

3. To help physicians, nurses, social workers, dietitians and others having to do with the care of the sick and injured.

4. To assist trustees of hospitals in better understanding their duties, responsibilities and relations.

5. To stimulate the better training of hospital superintendents.

6. To promote the education of the public regarding hospitals.

As The

THOSE PROCESSING TAXES

» » Now that the Supreme Court has invalidated the processing taxes imposed under the Agricultural Adjustment Administration, and has ruled that the taxes impounded by the packers must be returned to them, there is considerable feeling that the taxes so imposed should be returned to the consumer. In general the mechanical difficulties of returning the tax to every housewife appear insurmountable and probably nothing will come of the demand for their return.

In the case of hospitals, however, which have accurate records of all purchases, the case seems less hopeless. The logic of demanding that all firms which included the amount of the processing tax in the price of goods purchased by the hospital refund to the hospitals the amounts so included is irrefutable.

An interesting example of the procedure followed in one instance is found in the resolution and petition of the Victory Memorial Hospital Association, of Waukegan, Illinois. Adopted January 14, the resolution states that since there are indications that the processors will seek to obtain and hold such taxes and because in the last analysis all such taxes are paid by the consumer, that a demand shall be made on all parties concerned for a return to the association of all tax amounts included in the prices charged to and paid by the association.

Another provision of the resolution declares that since propaganda is rampant to the effect that the processing taxes will be revived in the form of Federal excise taxes and that then bounties and gifts will be given to producers, thus indirectly seeking to do what the highest Court indicates cannot be done lawfully, that the President and the Congress shall be petitioned to desist and refrain from providing such excise or other taxes and bounties to producers within States.

Following its resolution by less than a week, the Victory Memorial Hospital Association presented its petition to the United States of America, represented by the President, the Senate and the House of Representatives. Its language is quoted here because of its general interest:

"The President of the United States and Congress are hereby petitioned to desist and refrain from providing excise or other taxes and bounties and gifts to producers within States in order to attempt to do indirectly what the United States Supreme Court says cannot be done directly by processing taxes because the United States has no jurisdiction over such domestic economy within States; and, if such indirection is attempted, that all voluntary hospitals be exempted from all such Acts, because Federal agencies systematically discriminate against and exclude voluntary hospitals from the benefit of measures which are declared emergency acts to relieve and lift the current depression."

The latter statement is no mere expression uttered in a pique at the governmental attitude. The incidents which would prove its truth could be brought out by the dozen by almost any hospital. Numerous Federal actions have caused substantial increases in prices on innumerable items voluntary hospitals must buy—yet no assistance was ever forthcoming from the Federal government when the load of indigent patients became unbearably heavy.

At the same time a legal demand for the return of all amounts included in prices charged because of processing taxes was directed to all Federal officials and agencies concerned in processing taxes under the AAA Act, and to a specific list of affected firms from whom food and cotton goods products had been purchased.

The outcome of such petitions and demands is a matter of interest to all hospitals and in view of the justness of the cause it is to be hoped that success attends their presentation.

FOOTPRINT IDENTIFICATION

» » In view of the fact that many hospital administrators have hesitated to accept identification of the new-born by the foot-print method, and that its value had never been definitely accepted nor proved, the following communication from John Edgar Hoover, Di-

rector of the Federal Bureau of Investigation, should prove of interest:

". . . it is the opinion of the technical experts of this Bureau that if the impressions of an infant's fingers and feet are taken with sufficient care a positive means of identification is provided thereby. Some difficulties are encountered by reason of the fact that the identifying lines on the feet and fingers of an infant are extremely fine. Nevertheless, by exercising care a person of experience can take the fingerprints and footprints of an infant well enough to provide for identification at any subsequent time in the life of the infant.

"It is quite probable that for the purpose of identifying infants more satisfactory results can be obtained through the use of footprints than of fingerprints. Although a reasonable degree of care must be exercised when taking the impressions of an infant's feet, this medium of identification does not require such extreme care as is necessary when taking an infant's fingerprints.

"In this Bureau's civil identification files there are recorded the foot impressions of many infants. The experience of this Bureau's technical experts in identifying foot impressions taken immediately after birth with impressions taken at a later time indicates definitely that these records provide a permanent and unfailing medium of identification for the persons concerned.

"It should be noted that the best results are generally obtained by rolling a very thin coating of ink on the plate from which the impressions of the infant's feet or fingers are taken. This is necessary because of the fineness of the ridges, and when the ordinary coating of ink is rolled on the plate very frequently blurred and illegible impressions are obtained that cannot be accurately classified. Furthermore, many persons who have experimented in this field believe that it is desirable to take the impression of each finger on an individual piece of paper, and thereafter paste these pieces of paper on the usual fingerprint card. It appears that by following this procedure the danger of blurring the impressions is lessened."

Footprint equipment which uses a sensitized paper and dispenses with the necessity of using printer's ink has been put on the market recently. With these two facts in mind, it would seem that any hospital should be willing to use this method of identification. W. A. Copeland, superintendent of Wyoming County Community Hospital, Warsaw, New York, who kindly forwarded Mr. Hoover's letter to us, reports that already he has had a patient request that her infant's prints be taken and sent to the Bureau of Investigation at Washington so that the child might always have a means of positive identification available in the Federal files.

NATIONAL HOSPITAL DAY

» » Again the time for the annual reminder that "it's not too early to get ready for National Hospital Day," has rolled around. Since its inception this public education measure has grown steadily and tremendously. Each year brings records of added attendance, more and better ways of interesting people of the community in the hospital, and most important of all —greater public knowledge of what our hospitals are doing. Every indication points to new records of all sorts this year.

Last year the committee suggested 35 ideas to be used by Administrators and their local committee for the promotion of the event. This year, plans have been made to divide the activities into four general groups: publicity, invitations, programs, and exhibits. Details of the plans will appear in an early issue of HOSPITAL MANAGEMENT.

The April issue of this publication will be specially devoted to National Hospital Day, and will contain every conceivable type of material helpful in planning a prize-winning observance of the day and useful in planning and executing a year-round program of public education. It will also be in the nature of a souvenir edition dedicated to the memory of the late Matthew O. Foley, editor of HOSPITAL MANAGEMENT for 15 years and the founder of National Hospital Day. It will be an issue which the host of the late Mr. Foley's personal friends will want to preserve in his memory.

Health Program . . .

(Continued from page 26)

efficiency and mental condition of nurses. Health is not only defined as an absence of disease but also as one's ability to resist disease. Resistance cannot be built up where there is fear, mental unrest and dissatisfaction.

As mental attitude directly influences the health of students, and health determines the value of the student to the institution, more thought should be given to the promotion of a better mental attitude on the part of the student body. The therapeutic value of any nurse, her good or bad professional attitude, dexterity, accuracy and ability to fully concentrate on the nursing procedure is determined by the attitude assumed by her co-workers, principally the attitude of the doctors. The difference in uniform shows the ranking of each individual class and it is not necessary that the doctor know the nurse personally to be guided by this signal as to the nurse's ability to cooperate with him. He should show more tolerance for the new student, who is unfamiliar with instruments and technical terms. For his patience, the doctor is rewarded by the whole-hearted cooperation of the nurse.

The nurse who is severely criticized by her superiors in presence of patients will, thereafter, try to avoid a second humiliating scene and in her efforts to please will not apply herself with the same self-assurance when assisting this particular doctor in treatments or dressings. She is incapable of efficient service, resulting in distress to herself, the doctor and the patient. A nervous strain on the part of the nurse not only reflects in her efficiency, but directly affects her own health as well as that of her patients.

New students have difficulty in adjusting themselves to hospital environment. It is not a pleasant sensation to be told that you are to occupy a small, poorly ventilated room with five or six other girls, share with two other girls a tiny locker, scarcely suitable for one, and be crowded into a dark corner because some one else beat you to the bed by the only window. Yet this is all too frequently the case in overcrowded institutions. The new student begins to entertain her first qualms about the whole hospital in general, and is likely to start off with the wrong attitude despite her realization that she will face many unpleasant situations during the course of training.

The institution owes the student the right to cheerful, well ventilated, normally spaced living quarters, so necessary to any normal girl's health and happiness. Proper and pleasant housing is much more economical than the care and treatment of physically ill and mentally sick students.

Pleasant surroundings for the student, insofar as possible, to offset the depressive atmosphere of a hospital, have a direct bearing on the health and efficiency of the nurse. After all, nursing is an extremely strenuous type of work. It demands all the art, skill and perseverance that a girl possesses. A nurse who goes on duty fatigued and half sick will not be able to apply herself with the same aptitude as one who enjoys good health, thus cheating the patient out of the wholehearted attention that is needed and deserved. A lack of personal interest on the part of the nurse has a very depressing effect upon the sensitive mind of a patient. He is apt to feel that the nurse resents doing things for his comfort, and is hesitant about asking for anything that might increase his happiness and satisfaction. That the nurse may be ill, herself, is of no consequence to the patient, and it may be that he leaves the hospital with a feeling of revulsion instead of with the pleasant sensation of having been well cared for, which would have been true if he had been attended by a well and cheerful nurse.

For a student to maintain good health, sufficient physical and mental rest, with a reasonable amount of time for wholesome recreation is necessary. In small institutions where there is a shortage of nurses, a student frequently has to spend the greater part of her few hours off duty in the class room. A routine on this order, day after day, leaves little time for relaxation and eventually causes the nurse to become phlegmatic. She gradually loses interest in both class and floor work, wastes time, and efficiency is lowered.

It is necessary that the student occasionally gets away from the hospital atmosphere to pleasant surroundings where she can forget work and patients. When she renews her physical and mental vigor, she is willing and capable of doing more and better work. Facilities and a routine to promote clean recreation for the student may be provided at much less cost than that of caring for an ill student who may become a liability instead of an asset to the hospital.

» «

Dr. J. L. Knapp

. . . associated for the last two years with Dr. C. F. Watts in the Watts hospital, Williamsburg, Iowa, has accepted an appointment to the Michigan State hospital at Traverse City, Michigan, effective February 1.

Miss Rowena Raymond

. . . superintendent of Lawrence hospital, Bronxville, N. Y., for the last ten years, has resigned. No announcement as to her future plans has been made.

Charles H. Perkins

. . . has ended his seven years' service as president of the Laconia, New Hampshire, hospital association. Despite urgence from friends and board members, he found it necessary to decline serving in the position any longer.

R. Clay Underwood

. . . was recently named business manager and superintendent of the Wichita Falls Clinic Hospital, Wichita Falls, Tex., succeeding Miss Eva M. Wallace who has resigned. Miss Wallace served as superintendent of the hospital for ten years.

Dr. Salvatore Lojacono

. . . superintendent of Morgan Heights Sanatorium, Ishpeming, Mich., has resigned. He has been at the institution for nine and one-half years and is considered an authority on the treatment of tuberculosis.

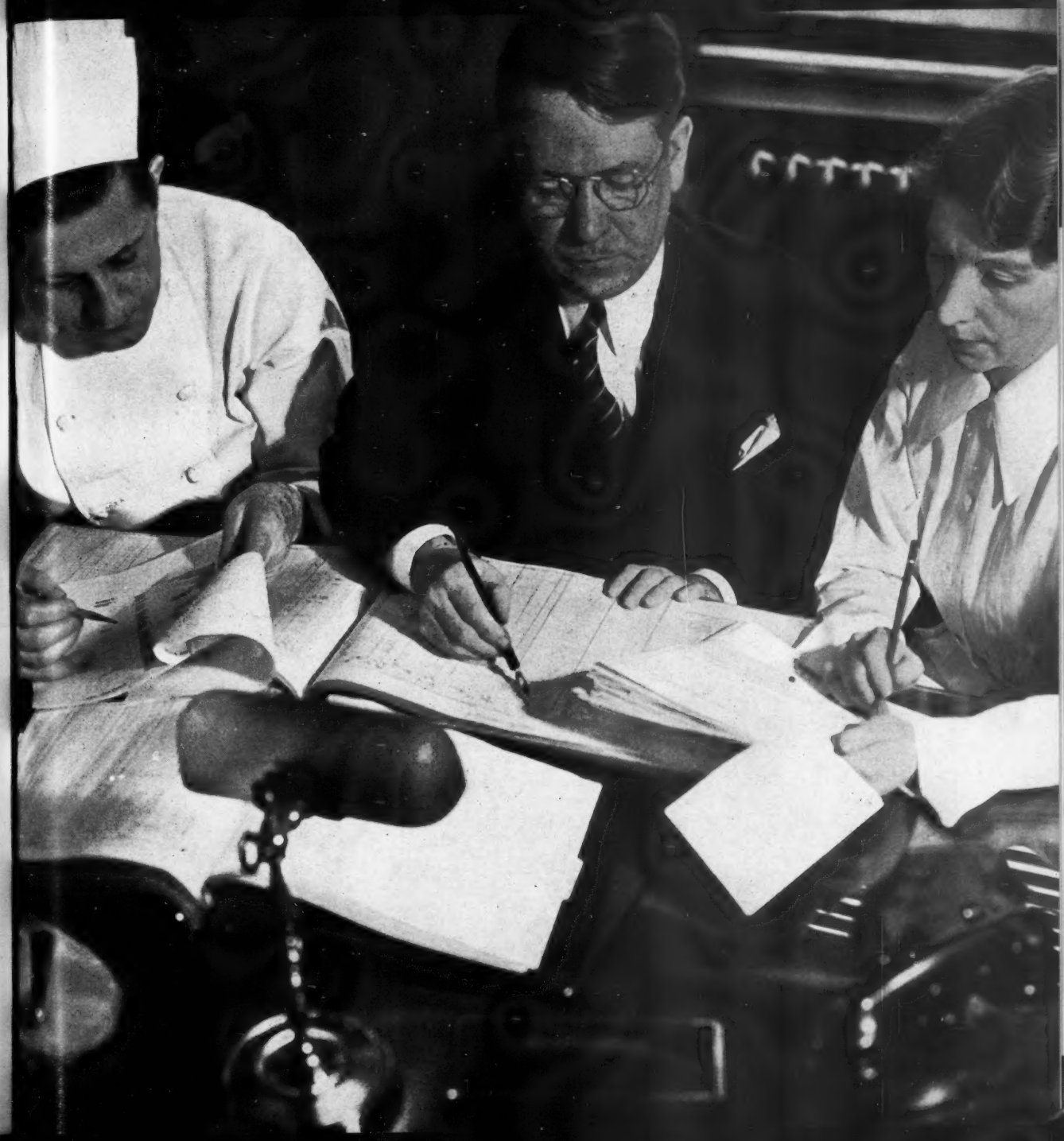
Miss Minnie G. Hill, R.R.L.

. . . formerly medical librarian at the California Hospital, Los Angeles, Calif., has accepted an appointment at the Los Angeles County Hospital, Los Angeles.

Sister Valentia, R.R.L.

. . . who served for several years as record librarian-in-chief at the Creighton Memorial Hospital, Omaha, Neb., is now at St. Francis Hospital, Colorado Springs, Colorado, in the same capacity.

Dietary and Food Service



DO JADED APPETITES TAX YOUR ORIGINALITY ?

MANY dietitians have found that the same dish patients turned down the day before will receive a hearty reception when a few strips of Sunshine Pimientos have been added.

Sunshine Pimientos furnish the bright red color that intrigues the appetite. Their piquant, arresting flavor gives a new taste sensation . . . a thrilling difference that makes any food taste better.

Packed by the largest canners of pimientos in the world, you can always depend upon Sunshine Pimientos to be of the highest quality. Uniform in color. Thick, firm fruit. Fire-roasted—a patented Sunshine process that removes the skins without affecting the natural pimiento flavor. Also rich in Vitamin A and Vitamin C. Insist upon the Sunshine brand from your food distributor.

PIMIENTO CHICKEN SALAD

1 PORTION

On a bed of crisp lettuce place diced cooked chicken mixed with a little celery, salt and pepper topped with mayonnaise or Russian dressing. Like petals of a rose place pimiento slices around the salad. Decorate with radish, ripe olive and parsley.

Sunshine

FIRE ROASTED

Pimientos

New York, N. Y.

Pomona Products Co.
Griffin, Ga.

Gentlemen:

We like pimientos for their decorative value in salads and sandwiches. Their flavor cannot be excelled by any other vegetable.

The pimiento's appearance on the hors d'oeuvre plate adds zest and color. It would be hard to think of cookery without the many uses pimientos have acquired.

Charlotte E. Field
FOOD MANAGER
HOTEL LEXINGTON

POMONA PRODUCTS COMPANY · GRIFFIN, GEORGIA

DIETARY AND FOOD SERVICE

Helen R. Young
Staff Dietitian
Director

W. Marcel Shaw
Chef de Cuisine, Reg.
Consultant

ABOUT FISH—FOOD OF THE LENTEN SEASON

By HELEN R. YOUNG

» » » IN A FEW DAYS "King Rex" will usher in another Mardi Gras at New Orleans. Simultaneously he will usher in another fish season for which the crescent city is so well prepared. But let us consider the problems of the inlanders.

We find this favorite Lenten food falling under two classifications: salt water fish and fresh water fish. They are divided again under each of these headings as fat and lean. For the most part salt water fish tend to be fat. The exceptions are: Whiting, Swordfish, Squid, Red Snapper, Croakers, Cod, Bluefish, Black Sea Bass, Haddock Fillets, Grouper and Flounder or Sole. And seemingly, just to be different, the fresh water fish tend to be lean. The exceptions to this rule are: Tulibees, Whitefish, Mullet, Pickerel (Jacks), Herring and Chubs.

Fish are generally accepted as being more easily digested though less nutritious than meat. The lesser proportion of fat and the greater proportion of water contribute to this fact. It is well to remember that fat delays the passage of food in the stomach, when planning special dietaries in which fish is to be included. The lean type is a better choice for light diets.

From the nutritive standpoint fish varies in fat content from 1% to about 12%. Protein is practically the same in all types. They are rich in gelatin which dissolves readily in cooking water. It is advisable to use the baking or broiling method in preparation. Sea foods have the added value of iodine which is of greater proportion in the fatty fish. Canning does not affect its proportionate amount.

Those who select fish products personally or who wish to check on what the market sends should keep these points of selection in mind. To be in first class condition the fish must have clear bright eyes, smooth moist skin, red gills, firm fins and tail, fresh odor, and firm, elastic flesh. Pressing of the flesh with the finger should not leave a dent.

Fish decompose rapidly so it should be used as soon as possible. Covering it with salt before placing it in the refrigerator will help keep it if delay is necessary. A cracked ice packing is even better. The ordinary refrigerator is not safe for extended storage.

Commercial companies have wisely employed the use of moisture-proof paper for packaging fish products. In the kitchen, this same precaution should be taken. Parchment paper will not only protect the fish but will also prevent the spreading of odors to other food. This paper or foil may be used in baking or boiling (which amounts to steaming). By so doing the juices are preserved, the flavor improved and the odor about the kitchen reduced. When baking a large amount of fish, a sheet of the paper may be spread over the top and tucked in about the food.

It is interesting to discover from a cookery chart put out by a national fishery that the most generally popular fish are best prepared by the most generally popular hospital method of broiling. The salt water lean fish assigned to this method are: Haddock, Fillets, Cod and Swordfish. The salt water fat fish are: Halibut, Herring, Mackerel, Mullet and Spanish Mackerel. Again the fresh water fish differ and offer only fat fish for broiling. They are Pickerel (Jacks), Mullet and Whitefish.

For the baking process choose of the salt water fat fish: Black Cod, Salmon, Shad and Tilefish. Of the salt water lean, bake the Grouper, the Bluefish and the famous Red Snapper. The fresh water fat gives the Whitefish to this method and the fresh water lean donates Black Bass and Perch. HOSPITAL MANAGEMENT will be pleased to send you a handbook of fish cookery along with seasonal fish charts upon request.

The seasonal problem of fish has been greatly eliminated by the various methods of preservation for future market. Frozen fresh fish in package form is an excellent buy for various reasons. It is sanitary, the scaling and cleaning has been done and the entire contents are edible. The price is higher but is the cost actually higher? Consider the waste of unpackaged products.

The term "winter caught fish" is no idle phrase. Early in the winter the lakes of Northern Canada freeze over. Fishing holes are then cut and nets adjusted. The temperature during this procedure is far below zero. When the fish are removed from the nets they are thrown on the ice and frozen alive. They are packed into refrigerator cars and shipped to market. No thawing takes place until they are in your kitchen. This type of fish is famous for its firm flesh and delicious flavor. They should be thawed gradually at room temperature.

An interesting by-product of frozen fish fillets is a fish flour made from the bones which are removed from package fish. It is used as a thickening agent for soups, purees and croquettes and in combination with wheat flour for baking products.

Economical MEALS

» » » THE HOLIDAY SEASON is over—and many a food budget has stood about all the strain it can stand for the time being. Thanksgiving, Christmas and New Year's dinners, although necessary, run up costs. Accordingly, this month a number of economical meals are presented. In previous issues it has been our aim in presenting food formulas from our files to keep in mind the necessity of economy as well as quality. The holidays brought special demands, however, and these were met with appropriate dishes. It is felt that the suggestions made this month will be just as appropriate in view of the necessity of keeping the budget under control.

It should be borne in mind, however, that even though these dishes are economical ones to prepare that they still should be made up with imagination and the exertion of creative ability. Care used in preparing these, as well as any other meals, will make possible unlimited wholesome combinations. The patients' reaction towards ordinary institutional china, for instance, has long been one of the "sore spots" of hospitals. Bright and cheery patterns are no more expensive, and will greatly add to the success with which any menu is met. And well-planned garnishing, artistically arranged on a plate, will add to the appetite, regardless of the plainness of the food. In this group of menus, considerable attention has been paid to the Continental custom of making soups one of the main dish courses.

FROM THE PRIVATE FILES OF W. MARCEL SHAW

Chef de Cuisine, Reg., Lutheran Memorial Hospital, Chicago

Vegetable Beef Supper Grill

Sauerkraut Juice
Vegetable Beef Supper Grill—en Plate
Julienne Carrots—Hot Buttered Bread Crumbs
Baked Potato
Chopped Endive—Bacon Dressing
Baked Apple
Hot Pan Rolls

Vegetable Beef Supper Grill

50 Portions

24 qts. water
15 lbs. beef rump, or shoulder clod
5 lbs. onions
4 lbs. celery stalks (diced)
3 lbs. white turnips sliced
4 small cans okra
2 lbs. egg noodles
1 No. 10 can tomatoes
2 qts. canned peas
1 qt. canned corn
4 lbs. shredded cabbage
½ lb. barley
Salt and pepper to taste

Basic Formula

Place meat in stock pot and boil for one hour. Skim top; then add diced and sliced vegetables, peas, corn, tomatoes and barley. Cover and cook slowly for three hours. Skim off surplus fat.

Serve in shallow soup plate, adding a thin slice of the cooked beef rump with each serving.

Bean Soup and Ham Dumpling Supper

Tomato Juice Appetizer
Black Bean Soup—Ham Dumplings
Buttered Spinach Spanish Slaw
Corn Bread Sticks
Cottage Pudding—Crushed Pineapple Sauce

Black Bean Soup—with Baked Ham Dumplings

50 Portions

Basic Stock
12 lbs. beef shank bones
24 qts. water
1 lb. celery trimmings and roots
2 lbs. sliced onions
3 lbs. diced sweet pickled pork, fried crisp
1 No. 10 can tomatoes
½ lb. White turnips sliced
1 oz. mixed pickling spice

Basic Formula

Divide in equal parts and cook slowly in upright steamer overnight. Strain through cheese cloth, and add ten pounds of black beans (pre-soaked), two pounds celery diced finely, one pound of sliced onions and salt and pepper to taste.

Put in steam soup cooker or heavy pot on range and cook until beans are mealy. Add three pounds of white potatoes thinly sliced, and three pounds of diced sweet pickled pork. Continue to cook until the soup is slightly thickened. Before serving add two cups of finely chopped parsley.

Serve in shallow soup plates, adding two ham dumplings with each serving.

Baked Ham Dumplings

50 Portions

5 lbs. Basic French Paste
6 lbs. cooked ham trimmings
1 lb. dry mustard
1 tsp. white pepper
1 qt. of heavy cream sauce (unseasoned)
4 large sour pickles, chopped fine
Mix together

Basic Formula

To make this type of dumpling economically and quickly, use regulation type of bun sheet pans, greased and dusted with flour. Roll out paste in one-eighth inch sheets, cover bottom and sides of pan. Wash thoroughly with egg glace. Put one tablespoon of the ham filling in small mounds, about one inch apart. Place on top cover of same thickness and wash over heavily with egg glace. Run pastry wheel cutter up and across, in space between each mound. Bake for 20 minutes at 375°.

Economy Plate Dinner

Apricot Blossom
Pork on Rail
Harvard Beets String Beans
Carrot Chips
Parsley
Hot Slaw Hot Biscuits
Old Fashioned Steam Blackberry Pudding

Apricot Blossom

4 lbs. dried apricots
3 lbs. strained honey
Juice and zest of four lemons
3 gals. water

Basic Formula

Soak apricots in water overnight. Add honey and lemon and simmer slowly for 30 minutes. Puree through power machine or coarse Chinese strainer. This should be about the consistency of undiluted orange juice. Chill thoroughly. This can be served with a small rosette of whipped cream or a marshmallow cut petal shape.

Pork on Rail

50 Portions

12 lbs. finely ground pork
4 lbs. brown uncoated rice
½ oz. sage
1 lb. onions, finely sliced
1 cup parsley dust
3 qts. mashed potatoes
6 egg yolks
Salt and white pepper

Basic Formula

Saute onions and parsley in butter substitute until soft, but not brown. Place meat in mixing bowl. Wash rice thoroughly, add onions and parsley, mashed potatoes, sage, salt and pepper. Mix thoroughly with hands. Shape in small rolls about the size of a lady finger, insert wooden skewer and re-roll. Fry in French fry basket in deep fat until a nice brown.

Place in layers in deep pan and cover with a sauce made of 3 gallons of beef brown sauce and 2 quarts tomato puree. Put in the compartment strainer, cover, and steam slowly for two hours.

Hot Slaw

Simmer a ham bone for about two hours. Add finely shredded, blanched cabbage and simmer 10 minutes. Drain surplus stock and marinate in sour cream or boiled dressing. Season with salt, pepper, lemon juice or vinegar.

Carrot Chips

Fry raw carrots, saratoga sliced, in hot deep fat, as for potato chips. Serve hot.

Old-Fashioned Steamed Blackberry Pudding

50 Portions

4 lbs. flour
2 No. 10 cans blackberries
1 lb. butter substitute
1½ qts. milk
14 whole eggs
1½ lbs. sugar
½ oz. mace
3 oz. baking powder

Basic Formula

Start butter, sugar and mace in the mixing machine, using wire cake whip. Whip at high speed until thoroughly emulsified. Scrape down sides of bowl several times during this process. Retard to slow speed, and add eggs slowly. Whip for several minutes, add milk, and slowly mix in the sifted flour, and baking powder. Continue to mix thoroughly. Place batter in a large dough bowl. Drain berries thoroughly and dust lightly with flour; fold the berries into the batter with hands. Place in well greased angel tins about one-half full, cover with wax paper and steam in compartment steamer for three hours.

Pudding Sauce

Bring the drained juice of the berries to a boil; add sugar, butter and enough corn starch to bind. When cooked, work in one quart of coffee cream. Serve pudding warm.

To Build Economy Plate Dinner

Place hot slaw on lettuce cup in center of large service plate. Alternately space three pork on rail with string beans, Harvard beets, carrot chips in between. Serve small amount of sauce over each portion of meat. Garnish with parsley.

Mac 'en Sal—Salade Supper

Consomme Vegetable—Clear Saltines
Mac 'en Sal—Salade Plate
Escalloped Tomatoes
Buttered Green Beans
Stewed Prune Plums Ice Box Cookies

Mac 'en Sal—Salade

50 Portions

12 cans salmon
9 lbs. macaroni
3 lbs. celery
12 eggs
3 qts. mayonnaise
Zest from 1 large onion
2 small cans pimientos
1 qt. queen olives, stoned and chopped

Basic Formula

Clean and flake salmon. Cook and blanch macaroni. Dice celery, eggs, olives and pimiento. Mix together with mayonnaise, add onion zest. Salt and white pepper to taste. Chill thoroughly.

Medallion of Veal Dinner

Tomato Boullion
Medallion of Veal
Buttered Peas
Carrots with Buttered Brown Bread Crumbs
Mashed Potatoes
Head Lettuce Thousand Island Dressing
Mixed Rolls
Prune Whip

Serve the medallion on circle of toast in center of service plate, with a generous portion of pickle and giblet sauce. Arrange buttered peas, carrots and mashed potatoes in outer circle. Garnish with parsley, fresh quartered tomatoes, or radish roses.

Medallion of Veal

50 Portions

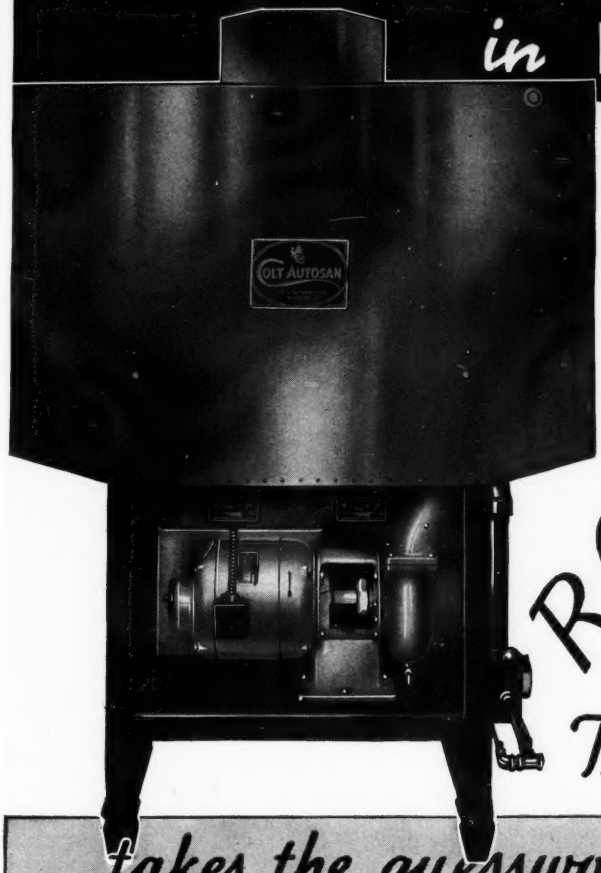
15 lbs. veal clod
3 lbs. celery roots and outside stalks
4 bay leaves
½ tsp. thyme, basil and marigram (equal parts)
Salt

GENERAL MENUS FOR MARCH

Suitable for Staff, Personnel and Patients Not Requiring Special Diets

Breakfast	Dinner	Supper
	Sunday, March 1	
Fruit Cup Baked Sausage in Spoon Bread	Southern Chicken New Green Beans Candied Sweet Potato Head Lettuce Apricot Ice Cream	Sliced Chicken Broccoli Fruit Salad Hot Biscuits Honey
	Monday, March 2	
Baked Apple Filled with Cracked Wheat Coddled Egg	Braised Tongue and Liver Baked Potato Asparagus Salad Pineapple Whip	Asparagus Cream Soup Bacon Tomato Sandwich Lemon Tart
	Tuesday, March 3	
Prunes Cinnamon Toast Bacon Cocoa	Ham Loaf Corn Fritters Celery Relish Coffee Bavarian	Baked Egg Pimiento Rice Nest Tomato Salad Raspberries
	Wednesday, March 4	
Orange Juice Bacon Omelet	Rice and Salmon Loaf New Peas Cole Slaw Mint Apple	Vegetable Soup Cottage Cheese Salad Sliced Pineapple
	Thursday, March 5	
Stewed Apricots Cod Cakes—Butter Sauce	Casserole of Eggs and Spinach Cranberry Salad Whole Wheat Ginger Bread	Vegetable Plate Butterscotch Tapioca
	Friday, March 6	
Tomato Juice Scotch Oatmeal Toast Jam	Haddock—Orange Sauce Creamed Potatoes Carrots Shredded Lettuce Lemon Pie	Hominy Casserole Combination Salad Chocolate Mint Cream
	Saturday, March 7	
Pears Rice Flakes Whipped Egg Nest	Cheese Macaroni Orange Salad Lime Gelatin	German Potato Soup Shrimp Salad Baked Apple
	Sunday, March 8	
Orange Juice French Pancakes Bacon	Swiss Steak Rice Creole Vegetables Lettuce Orange Ice	Rice Omelet Pear Mint Salad Cocoa Brownies
	Monday, March 9	
Grape Juice Whole Wheat Cereal	Meat Loaf Tomatoes Baked Potato Vegetable Salad Custard Bread Pudding	Macaroni—Shrimp Sauce Peach Salad Cake
	Tuesday, March 10	
Pineapple and Bananas Soft Egg Graham Muffins	Scalloped Potatoes Ham Turnips Beet Salad Apple Tarts	Oyster Stew Tomato Aspic—Lettuce Lemon Rice
	Wednesday, March 11	
Tomato Juice Scrambled Eggs Toast—Jam	Steak Noodles Cauliflower Cole Slaw Apricots	Meat Pies Carrot-Apple Salad Mint Gelatin
	Thursday, March 12	
Apple Sauce Liver and Bacon Toast	Spaghetti—Meat Sauce Combination Salad Ice Cream	Cream Soup Hot Sandwich Celery Sticks Fruit Whip
	Friday, March 13	
Mixed Fruit Juices Cod Cakes—Pimiento Sauce	Hot Vegetable Plate Corn Dodgers Orange Custard	Spanish Rice Salmon Salad Caramel Apples
	Saturday, March 14	
Fresh Rhubarb Corn Meal Cakes Egg Goldenrod	Cube Steak Parsley Potatoes Carrots Mint—Apple Salad Chocolate Pudding	Vegetable Soup Lettuce Pineapple Shortcake
	Sunday, March 15	
Fresh Pineapple and Strawberries Waffles Bacon	Chicken Whole Wheat Noodles Carrots and Peas Endive Salad Ice Cream	Chicken Omelet Celery Bran Muffins—Jelly

MORE *and* BETTER WORK *in* LESS SPACE



The New RC-1 Colt Autosan *with* Tandem SPEED DRIVE

. . . takes the guesswork out of dishwashing

The new RC-1 Colt Autosan takes up less space in your kitchen than any other conveyor type dishwashing machine made. It is compactly built—and equipped with a unique TANDEM Speed Drive that makes dishwashing doubly certain—faster and more economical. The RC-1 is built for the most exacting and the most strenuous service—ready to go into your kitchen and knock your dishwashing problem into a cocked hat.

The new Tandem Speed Drive with which the RC-1 is equipped, speeds up washing and rinsing—and makes spotlessly clean tableware a certainty. As the tableware passes through the washing bath, it travels at a speed of four feet per minute. Then, on entering the rinsing sprays, it speeds up to eight feet per minute. Time is saved—hot water is saved—and you are saved the embarrassment of soiled tableware, by this simple and ingenious device. Racks are carried beyond rinse spray trip—automatically shutting off hot rinse water. Automatic start and stop in case of obstruction. The Tandem Speed Drive is sturdy, silent in operation and fool-proof.

PRICES:
In Galvanized Iron—$650.00
In Stainless Steel—$795.00

Overall Dimensions:
Length 42 in. Width 27 in. Height 62 in.

Mail this coupon today for full details

Colt's Patent Fire Arms Mfg. Co.,
Autosan Machine Division, HOS-16
Hartford, Conn.
Sirs: Send full description and prices of the new RC-1 Autosan dishwashing machine.
We feed approx. _____ persons per meal.
Name _____
St. No. _____ State _____
City _____

COLT'S PATENT FIRE ARMS MFG. CO.
AUTOSAN MACHINE DIVISION
HARTFORD, CONNECTICUT, U. S. A.

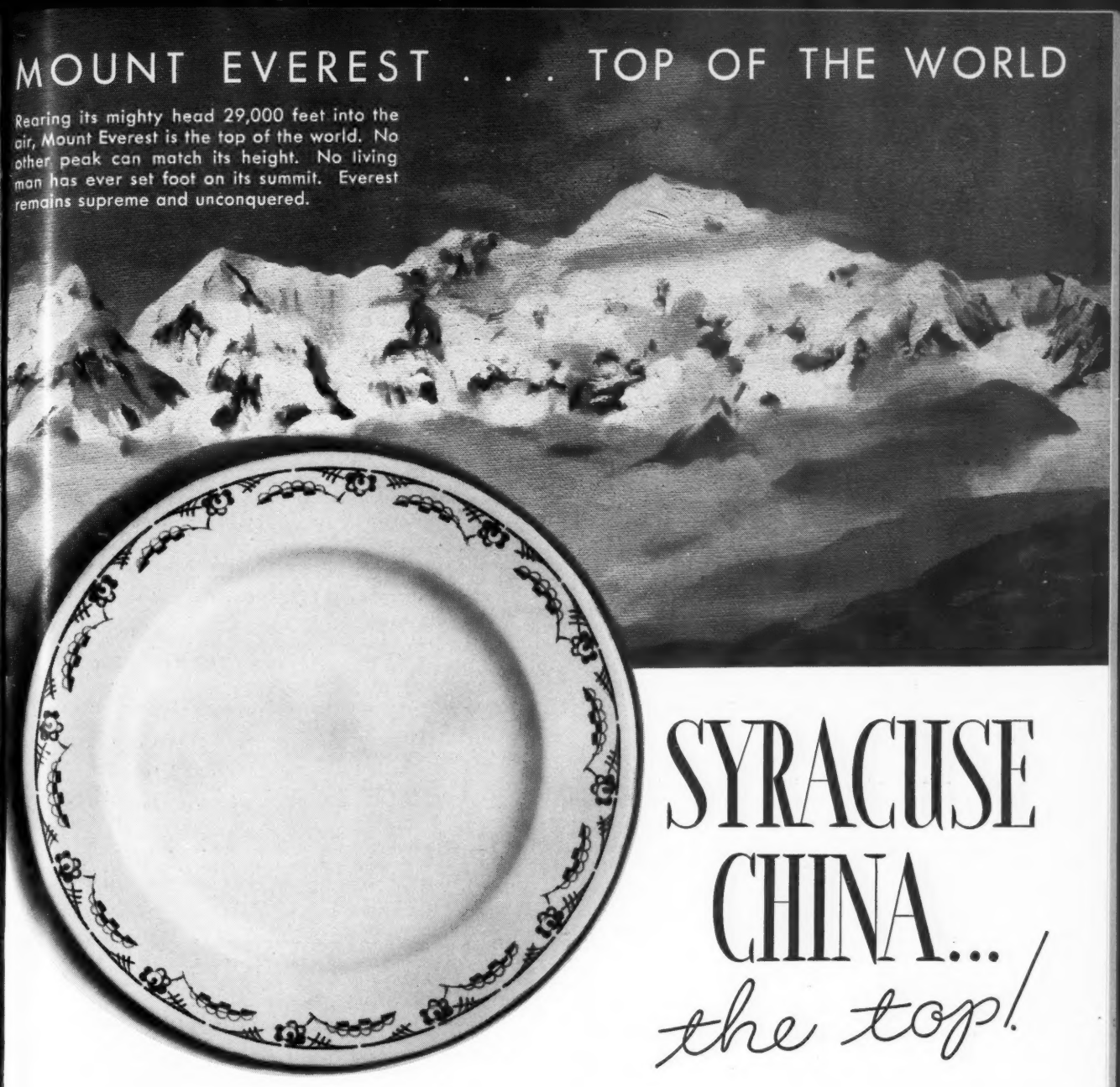
GENERAL MENUS FOR MARCH . . .

Continued

Breakfast	Dinner	Supper
	Monday, March 16	
Red Raspberries Whole Grain Cereal	Roast Beef Brown Potatoes Buttered Beets Carrot Salad Caramel Custard	Corned Beef Hash Tomato Salad Fruit Gelatin
	Tuesday, March 17	
Grapefruit Omelet Whole Wheat Toast	Meat Slices Baked Potato Spinach Lettuce Salad Mint Tapioca	Creamed Dried Beef Cole Slaw Italian Plums
	Wednesday, March 18	
Canned Apricots Shirred Eggs Toast Cocoa	Scalloped Corn and Sausage Asparagus Salad Cinnamon Apple	Vegetable Chowder Lettuce Brown Rice Pudding
	Thursday, March 19	
Sliced Oranges Hominy Canadian Bacon	Baked Ham Sweet Potato Creamed Cabbage Carrot Salad Sliced Pineapple	Spanish Omelet Cole Slaw Prune Pudding
	Friday, March 20	
Grapefruit Juice Wheat Cakes	Perch Fillets Tartar Sauce Potato Balls Creamed Onions Celery Orange Mint Gelatin	Vegetable Plate Jelly Roll
	Saturday, March 21	
Baked Apple Filled with Sausage Rice	Veal Stew Biscuits Cabbage-Raisin Salad Strawberries	Baked Macaroni Grapefruit Salad Coffee Bavarian
	Sunday, March 22	
Italian Plums Buttered Rice—Bacon	Lamb New Peas Scalloped Potatoes Pear Salad Mint Ice Cream	Scrambled Eggs Tomato Salad Wheat Muffins—Grape Jelly
	Monday, March 23	
Apricots Cracked Wheat Bacon Omelet	Swedish Meat Balls Harvard Beets Endive Salad Brown Betty	Vegetable Plate Fruit Sponge
	Tuesday, March 24	
Red Cherries Cereal Flakes Sausage Nest	Salmon Biscuit Tomato-Celery Salad Chocolate Blanc Mange	Potato Soup Lima Bean Salad Sliced Oranges
	Wednesday, March 25	
Diced Grapefruit Fried Mush Bacon	Eggs Mornay Spinach Timbales Cole Slaw Lemon Biscuits Honey	Stuffed Pepper Bacon Spiced Crab Apple
	Thursday, March 26	
Rhubarb Oatmeal Liver Gravy	Pork Roast Glazed Pineapple Mashed Potatoes Green Beans Endive Salad Apple Tarts	Soup Egg Salad Sandwich Peach Tapioca
	Friday, March 27	
Pineapple Juice Cereal Flakes	Red Snapper Creole Vegetables Rice Cole Slaw Orange Cream Pie	Croquettes—Caper Sauce Tomato Salad Lemon Snow
	Saturday, March 28	
Figs in Lemon Juice Bacon—Eggs Toast	Pot Roast Vegetables Apple-Celery Salad Date Torte	Soup Vegetable Plate Rice Cream
	Sunday, March 29	
Fresh Rhubarb and Strawberries Waffles	Breaded Veal Mashed Potatoes Peas Pear Mint Salad Maple Ice Cream	Omelet Pineapple-Cucumber Salad Coffee Bavarian
	Monday, March 30	
Diced Grapefruit Shirred Eggs Bran Muffins	Meat and Vegetable Stew Lettuce Baked Apples	Baked Potato Bacon Orange Salad Cocoa Wafers
	Tuesday, March 31	
Cereal with Raisins Broiled Finnan Haddie Oranges	Scrambled Eggs and Mushrooms Asparagus Vinaigrette Lemon Scones Currant Jelly	Macaroni Cutlet Green Beans Carrot Salad Fruit Custard Sauce

MOUNT EVEREST . . . TOP OF THE WORLD

Rearing its mighty head 29,000 feet into the air, Mount Everest is the top of the world. No other peak can match its height. No living man has ever set foot on its summit. Everest remains supreme and unconquered.



SYRACUSE CHINA... *the top!*

THIS American-made china holds the unquestioned leadership in the field of institutional ware—a leadership which can be of definite value to you.

Weight for weight, Syracuse China is the strongest china made. It lasts longer—costs less per year. The pattern is protected by a hard glaze—it cannot fade or wear off. Every piece is unconditionally guaranteed against crazing (crackling of the glaze). And, when breakage does occur, replacements are quickly available. Another important advantage is the patterns themselves. The colors, although under glaze, are as bright and clear as over-glaze colors. There are many attractive patterns in stock for immediate delivery. Or, if you prefer, we will design your own special pattern, incorporating any symbol or motif you desire. Three attractive body tones to choose from—White, Old Ivory and Adobe.

Syracuse China will help you *make* money and *save* money. Ask your supply house for complete information. Or write direct to: Onondaga Pottery Company, Syracuse, New York. *New York Offices:* French Bldg., 551 Fifth Avenue. *Chicago Offices:* Garland Bldg., 58 East Washington Street.

Syracuse China
A PRODUCT OF ONONDAGA POTTERIES

POTTERS TO THE AMERICAN PEOPLE SINCE 1870

Gastro-Intestinal Diets

Non-Putrefactive, Low Protein, High Roughage

Upon arising drink one glass of water.

Breakfast

Fruit—Stewed prunes, honey dew melon, muskmelon, cantaloupe, stewed peaches, apricots or pears, orange, berries with cream, applesauce, or grapefruit.

Cereal—Any cooked or dry cereal. May mix a dessertspoonful of bran with the cereal.

Bread—Whole meal, whole wheat, bran or corn. Lots of butter.

Beverage—Coffee, weak with cream and sweetened with sugar or milk to taste.

Water—At least one glass.

Lunch

Olives, cucumbers, chow chow, Indian relish, celery pickles, gherkins, radishes.

Soup—Vegetable or chowder.

Vegetables—All vegetables are allowed.

Salad—Lettuce, tomato or cucumber with vinegar and oil dressing.

Bread—Same as breakfast with butter.

Dessert—Fresh plums, cherries, currants, gooseberries, strawberries, pears, grapes, pineapple, watermelon, stewed fruit.

Beverage—Weak tea, infuse not more than five minutes, with cream. At least one glass of water.

Dinner

Appetizers and relishes as for lunch. Vegetables, salad and bread same as for lunch.

Dessert—Any stewed fruit with cream; berries with cream; watermelon, figs, dates, raisins, baked apple, applesauce.

Beverage—Weak tea or coffee.

Jam, marmalade, honey.

Late Evening

Apples, peats, berries, figs, dates, orange, peach.

Before retiring, glass of water. One of the following must be taken each day: Nuts, milk, chocolate, cocoa, peas, or cheese.

Avoid—Meat, eggs, poultry, fish, pastry, candy, sweets, rice, macaroni, spaghetti, white bread, strong tea, cocoa, tapioca, sago, mashed potato, blanc mange, cornstarch, custard, bread pudding.

Eat slowly. Masticate thoroughly. Drink plenty of water between meals. Take exercise as directed. Avoid overeating when fatigued or nervous. Maintain regular hours for eating, sleeping and moving bowels.

Spastic Constipation

Breakfast

Fruit—Orange juice or grapefruit juice (avoid the fibre).

Cereal—Any smooth mush, such as farina, gerema, cream of wheat, cornmeal or strained rolled oats.

Eggs—One or two eggs with ham or bacon (avoid the fibrous part).

Bread—White bread and butter, toast or zwieback.

Beverage—Coffee in moderation, chocolate, cocoa or tea.

Lunch or Dinner

Soup—Broth, bouillon, cream soups, chowder. Puree of peas, beans, lentils, lima beans or artichoke hearts.

All skins or fibre should be removed by passing through a ricer.

Meat—Small portion of meat, fish, oysters, chicken or squab. (Avoid the fibrous parts and gristle.)

Vegetables—Rice, potatoes, baked, mashed, hashed, brown or French fried; sweet potatoes, hominy, tomatoes, stewed, strained and with cracker crumbs; well cooked cauliflower tops with cream sauce, asparagus tips; noodles, macaroni or spaghetti, cooked soft with a little cream sauce or cheese. Cornlet in cans furnishes the sweet corn without the indigestible husks.

String beans may be taken occasionally if very young and tender.

Bread—White bread and butter; hot biscuits made small so as to consist mainly of crust. No rough branny breads or bran biscuits.

Dessert—Simple puddings, custards, jello, plain cake, canned or stewed fruit. (When the bowels are constipated take stewed fruit twice daily.) Dried pared fruit may be used for stewing. Do not add too much sugar. Applesauce made from unpared, uncored apples, and strained later. The sauce may be diluted with a little tapioca or sage. The apples may be baked. Black berries and loganberries can be stewed and strained and the sweetened juice thickened with cornstarch. Canned fruits such as pears and peaches are allowed.

Avoid fried foods.

Avoid green vegetables, salads and raw fruits, cantaloupes and melon.

Avoid all coarse, uncooked cereals and breakfast foods.

Avoid smoked or canned fish or pork, veal, crab and lobster.

Avoid sugar in concentrated form, take no candy or other food between meals.

Avoid eating in a rush or when distraught.

All foods are to be cooked and strained.

Gall Bladder

Upon arising a full glass of water with or without powder as ordered.

Breakfast

Fruit—Orange juice, grapefruit, berries in season, melon, stewed prunes, stewed peaches or apricots, applesauce and jellies.

Cereal—Any cereal with milk (not cream) and sugar sparingly.

Bread—Toasted white bread, whole wheat bread preferably, with very small quantity of butter.

Beverage—Milk, postum, kaffee-hag, weak tea or coffee.

Lunch

Soup—Chicken broth with rice, consomme, bouillon, mutton broth, noodle soup; skim off grease.

Vegetables—Any cooked vegetable except lima beans, peas, brussel sprouts, cauliflower, and cabbage.

Salad—Tomato or lettuce with vinegar or lemon.

Dessert—Fruit as for breakfast.

Bread—Bread and small amount of butter. Jam, marmalade, jelly permitted.

Beverage—Weak tea or glass of milk

Soup—Strained vegetable or thin soup without grease.

Meats—Broiled lamb, tongue, white meat of chicken or turkey, squab, tender steak, lean roast beef, mutton or lamb.

Vegetables—Same as lunch. Any two.

Salad—Lettuce with tomato, small amount of olive oil with vinegar.

Dessert—Fruit as for breakfast; bread, rice, tapioca or cornstarch pudding; baked apple with cream, figs, dates, plums, gelatin, junket, jello.

Bread—Same as lunch.

Beverage—Same as breakfast.

Avoid fats, greases, oils, fried foods, butter, cream, rare meat, egg yolk, fish, brains, sweetbreads, pastry, sweets, candy, beans, nuts, alligator pear, bacon, liver, kidney.

Schmidt Diet

Breakfast

Cereal—Cream of wheat, farina or oatmeal. Three heaping tablespoons with cream and sugar.

Bread—Two pieces of toast. Two balls of butter.

Beverage—One glass of milk.

Luncheon

Soup—Rice soup or chicken broth with rice, 8 ounces or 1 glassful.

Vegetables—Mashed or baked potato. Two tablespoonfuls of spinach.

Bread—Two pieces of toast. Two balls of butter.

Beverage—One glass of milk.

Afternoon

One glass of milk.

Dinner

Meat—Six ounces of beef, broiled rare.

Vegetables—Two tablespoonsful of asparagus. One mashed or baked potato.

Bread—Two pieces of toast. Two lumps of butter.

Beverage—One glass of milk.

Dessert—Three tablespoonsful of stewed fruit.

These and other special diets which have appeared from time to time and which will appear in future issues are published through the courtesy of Mount Sinai Hospital of Philadelphia.

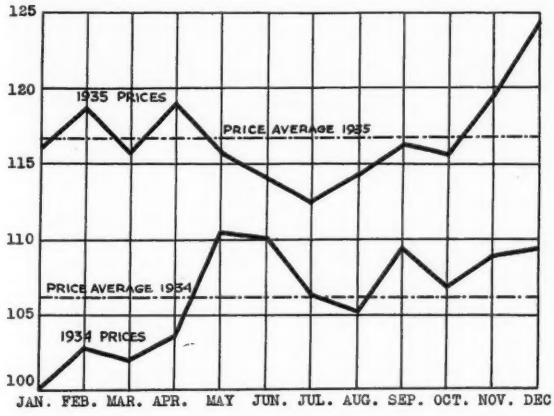
Institutional Food Prices Reach New High for Year in December

» » Hotel, restaurant and institutional food prices in December rose 3.41 per cent above prices for November, and established a new high for the year, the second in two successive months, according to the Grinstead Food Price Index, compiled monthly by R. M. Grinstead and Co., New York analysts and accountants.

The latest index shows that the average of food prices paid during 1935 averaged 9.82 per cent higher than those during 1934.

The Grinstead Food Price Index is based on current prices paid by a selected list of institutions to purveyors. The index comprises prices actually paid for approximately one hundred articles of food. The index is weighted according to the proportion of different foods used each month. This changes with the current fluctuations in consumption.

Evaluating the weighted average of hotel and restaurant food prices in January, 1934, at 100, the course of price changes during the last years has been as follows:



This chart shows the variation in institutional food prices during 1934 and 1935. In two years' time prices have risen over 24 per cent.

The index below shows the average changes in December from the preceding month, and from December, 1934, in percentages; and the proportion of the main food groups purchased last month, in percentage of expenditures.

GRINSTEAD FOOD PRICE INDEX

Prices paid in December, 1935, compared to:

	Nov., 1935 Per cent	Dec., 1934 Per cent	Percentages of Expenditures
Meat	+ 4.59%	+24.66%	26.97%
Poultry	+ 2.39	+26.97	16.50
Seafood	+ 2.68	+ 5.10	7.04
Fresh Vegetables	+17.28	+ .60	6.39
Green Salads	+15.21	+23.93	2.83
Fresh Fruits	— 1.77	—17.69	2.53
Dairy Products	+ .57	+ 6.31	22.19
Miscellaneous Staples	— .15	+10.85	15.55
Change on Total (Weighted	+ 3.41%	+12.98%	100.00%

Keep track of price changes by watching this Index, which appears every month exclusively in HOSPITAL MANAGEMENT.

Now

STAINLESS STEEL FOOD CONVEYORS

obtainable at new low prices

Here are Stainless Steel Food Conveyors at prices you can afford to pay—at prices you formerly paid for conveyors made of less durable metals!

Write now for our new 1936 Ideal catalog giving full specifications, including the ten outstanding modern features: thermostatic control, fully automatic operation, signal control panel that shows when food compartments are at proper temperature. . . . The new Ideals offer the maximum in service and convenience.

Anyone responsible for hospital food service should have a copy of the catalog showing the complete line—for indoor and outdoor use.

Ideal Food Conveyor Systems

Found in Foremost Hospitals

Manufactured by

THE SWARTZBAUGH MFG. CO.

1334 Bancroft St., Toledo, Ohio

Associate Distributors — THE COLSON CORPORATION, Elyria, Ohio, with branches in principal cities.

THE COLSON EQUIPMENT & SUPPLY CO. Los Angeles and San Francisco

In Canada: THE CANADIAN FAIRBANKS-MORSE CO.

HOSPITAL NEWS OF THE MONTH

Administrators of Negro Hospitals Hold Conference at Durham, N. C.

» » Superintendents of twenty-five of the leading Negro hospitals in the United States met at Lincoln Hospital, Durham, North Carolina, in a two-day conference on January 24th and 25th to discuss problems bearing on hospital administration and the care of patients. With a coterie of experts in attendance led by Dr. Malcolm T. MacEachern, Associate Director of the American College of Surgeons, the round table conference developed to be one of the most important meetings ever undertaken in the annals of hospitalization among Negroes. Among the experts participating in the gathering were Dr. Wilburt C. Davison, Dean of Duke University Medical School; Dr. Carl V. Reynolds, State Health Officer of the state of North Carolina; Dr. Watson S. Rankin, Director, Hospital and Orphan Section of the Duke Endowment; and Dr. C. Rufus Rorem, Consultant in Group Hospitalization to the American Hospital Association and Associate Director of Medical Services, Julius Rosenwald Fund.

Among the hospital representatives present were W. M. Rich, Lincoln Hospital, Durham; Dr. H. M. Minton, Mercy Hospital, Philadelphia; Miss Betty J. Phillips, Provident Hospital, Baltimore; Dr. J. W. Lawlah, Provident Hospital, Chicago; Dr. O. McClelland, City Hospital No. 2, St. Louis; A. W. Dent, Flint-Goodridge Hospital, New Orleans; Dr. E. B. Perry, Wheatly Provident Hospital, Kansas City; E. R. Carney and Dr. C. H. Owens, chief of staff, Parkside Hospital, Detroit; Miss Clara Kreuger, Brewster Hospital, Jacksonville; Dr. D. R. Jenkins and Dr. H. M. Green, Knoxville General Hospital, Knoxville, Tenn.; Dr. L. C. Downing, Burwell Memorial Hospital, Roanoke, Va.; Miss G. S. Collings, L. Richardson Memorial Hospital, Greensboro, N. C.; Miss S. Taylor, Community Hospital, Wilmington, N. C.; Miss B. S. Broadhunt, Susie Cheatom Hospital, Oxford, N. C.; Miss E. Adams, Jubilee Hospital, Henderson, N. C.; Dr. L. W. Long, Community Hospital, Union, S. C.; Mrs. A. I. Pearson, Providence Hospital, Danville, Va.; Miss Lottie Euer, Watts Hospital, Durham, N. C.; Mrs. Frances Worrall, St. Agnes Hospital, Raleigh, N. C.; and Rev. B. W. Harris, Community Hospital, Norfolk, Va.

The conference was called by the Committee on Hospitals and Medical Education of the National Medical Association of which Dr. M. O. Bousfield, Associate Director of the Medical Services of the Julius Rosenwald Fund, is chairman. Realizing that hospital administration in recent years has become an increasingly important art and science, the meeting was designed to improve, through mutual exchange of ideas and information, the administrators of this group of very important hospitals in order that these institutions might be operated to the best advantage of the communities in which they are located.

During the meeting it was thought that although most of the hospital administrators present are members of the American Hospital Association and attend regularly every session, it would be well to form some type of permanent organization of those persons actively administering the larger Negro hospitals in the United States for the purpose of mutually helping each other in whatever problems might be faced by this special group of hospitals. For the purpose of planning such an organization, the following committee was appointed: A. W. Dent, Superintendent of Flint-Goodridge Hospital, New Orleans, Chairman; Dr. O. McClelland, Superintendent of City Hospital No. 2, St. Louis; Mrs. Bettie J. Phillips, Superintendent of Provident Hospital, Baltimore; E. R. Carney, Superintendent of Parkside Hospital, Detroit; and W. M. Rich, Superintendent of Lincoln Hospital, Durham.

Abington Hospital Opens Drive for Funds for Nurses' Home

» » The Abington Memorial Hospital, Abington, Pa., began the new year with the announcement it would seek a fund of $400,000 from the public in February to construct an addition to its nurses' home, to pay off accumulated operating deficits incurred during the depression, and to liquidate capital indebtedness on its new buildings.

The hospital in 1927 conducted a public fund-raising movement for $1,500,000 for new buildings, equipment and furnishings and remodeling of existing buildings to produce an integrated modern hospital. More than 10,000 residents of the 40 communities comprising the hospital's service zone, with a population of 65,000, subscribed slightly more than the $1,500,000 asked in the campaign.

The remodeling of the original buildings following the 1927 campaign presented costs and difficulties that had not been anticipated and slightly more space than had been planned in the original program was provided. To meet this larger cost members of the board of trustees and several of their friends—a total of 35 persons—subscribed $600,000 subsequent to the 1927 fund-raising movement.

In announcing its $400,000 campaign to be conducted next month, the hospital trustees said:

"The story of Abington Memorial Hospital is a success story. The hospital from year to year, progressively, has fulfilled the purposes for which it was created. It has measured and met the public's needs with an exactitude almost as scientific as its diagnosis of individual patients.

"In 1927, when the Development Program was un-

dertaken, the prediction was made that by 1935 the people dependent upon Abington Memorial would require 70,000 days of hospital care in a year. Actually more than 68,000 days of care were given in the fiscal year ending May 31, 1935."

The Abington Memorial Hospital was opened in May of 1914 and was the gift of the late George W. Elkins, a resident of the district. The large tract of land he gave indicated that he foresaw the future growth of the hospital, which serves the Old York Road suburban area, north of Philadelphia, extending to Doylestown.

The total cost of the present plant and the remodeling of the buildings given by the founder was $2,243,000. In the fund-raising movement for $400,000 next month, which is designated as the completion campaign, $160,000 will be sought to pay off the indebtedness incurred in the building program, the balance of the $400,000 fund will be devoted to an addition to the nurses' home and to the liquidation of the accumulated operating deficits of recent years, due to the heavy burden of free and below-cost service by the hospital.

Survey Aims at Orderly Development Of New York City's Hospital Facilities

» » The Hospital Survey for New York, sponsored by the United Hospital Fund, when completed, will provide a practical plan for the orderly development of a coordinated hospital system for the metropolitan area of maximum benefit to the public, according to Dr. Haven Emerson in an address given before the Medical Society of the County of New York in the New York Academy of Medicine. Dr. Emerson is director of study for the Hospital Survey.

Completion of the economic and financial parts of the hospital survey, which are being made by Mark M. Jones, consulting economist, is scheduled for April, Dr. Emerson said. The report of the entire survey is expected to be published in October, 1936.

"The survey staff is in the midst of fact-finding," Dr. Emerson said. "This survey will be unique in its objectives and completeness. One objective is an accounting to the community of the total cost of organized care of the sick instead of the usual analysis of administrative details of individual institutions revealed in surveys hitherto. It is a gigantic task to gather comprehensive information from 659 institutions, including approximately 268 hospitals, 61 independent dispensaries, 51 convalescent homes, 11 hospitals for the chronic sick, 60 visiting nurse associations, 100 medical social service agencies, 96 ambulance services and 12 organizations for domiciliary medical care.

"The geographical scope of the inquiry includes the five boroughs and Nassau and Westchester Counties, New York; a tip of Fairfield County, Connecticut, with Hudson, Essex, Union and most of Bergen and Passaic Counties in New Jersey. This area has a total population of about ten and one-half million people. In 1965, this same area will be inhabited by approximately eighteen million people," Dr. Emerson continued.

"Haphazard establishment and operation of hospitals is not only illogical and unsound but extravagant," Dr. Emerson said. "For 150 years New York and its satellite cities and suburbs have met the growing needs for the care of the sick, as occasion and opportunity required or permitted, without coordinated planning. Now we are in process of preparing, on the basis of ample facts and sound principles, a carefully studied plan for coordinated development of the institutions and for their adequate financial support."

Dr. Emerson said that before any analysis and recommendations can be made, the survey staff will have to complete its gathering of data in eight specific fields.

A survey and analysis of the problems involved in the care of certain large groups of the sick, in cooperation with agencies already active in those fields, will be made of tuberculosis, syphilis and gonorrhea, cancer, diabetes, heart disease, mental disease, dental disease, and maternity.

"The hospitals, as the oldest, most indispensable social utilities for medical care, are studying themselves and associated institutions and agencies, from the points of view of amount, quality, use, cost and future expansion, in relation to the population, its purchasing power and its distribution within the area," Dr. Emerson said.

Among the studies which are part of the survey are: first, character of population and its trend; two, prevalence of illnesses and injuries requiring hospitalization, including expectancy of life as affected by better health protection, disappearance of some diseases and increase in others, and third, the actual facilities, the extent of their use, and the expense involved in providing these services.

A study then will be made to ascertain what additional or new facilities will be necessary to meet the needs of the people who will have to be served by the hospitals and allied organizations in 1965.

"The significance of the Hospital Survey for New York will be determined by its value to the public," Dr Emerson said. "If it leads to fuller utilization of existing facilities of organized care of the sick and the establishment of new ones only where they will be of greatest benefit to present and future patients, it will be very worthwhile. The public has made a tremendous investment—much of it haphazardly, although with the best of intentions—in the hospitals and allied agencies. The coordination of present services for organized care of the sick should contribute immeasurably to the improvement of public health, and at the same time reduce the financial demands upon the community for free care.

"We believe that the Hospital Survey for New York should result in improvement in quantity, quality and distribution of organized services for the sick, without obligations for payment beyond the resources of the sick, their families and fellow citizens."

Dr. Emerson emphasized the wisdom and timeliness of the declaration of the Hospital Council of the City of New York recommending that "no major program of hospital construction should be launched unless it can be shown to be necessary, timely, reasonably assured of support, and wisely located."

Dallas to Be Scene of Texas Meeting

» » Dallas, Texas, has been selected as the scene of the annual meeting of the Texas State Hospital Association, the Oklahoma, Louisiana and Arkansas associations having been invited to meet with the Texas organization. The meeting will be held at the Adolphus Hotel, March 6 and 7. The American College of Surgeons will also hold a regional meeting in Dallas March 4 to 6.

Urge Recognition of Importance of Chronic Disease

» » Nation-wide recognition of chronic disease as the outstanding public health problem today was urged by Surgeon-General Hugh S. Cumming, Dr. S. S. Goldwater, Commissioner of Hospitals, New York, and Dr. Alfred E. Cohn of the Rockefeller Institute for Medical Research at a recent symposium on "The Significance of Research in the Prevention and Care of Chronic Illness," sponsored by the Committee on Chronic Illness of the Welfare Council of New York City.

Dr. Cumming, speaking on "Chronic Illness as a Public Health Problem," stated that "today it is clear that public health activity must embrace other fields than the prevention and control of communicable diseases." The increase in death rates from chronic disease and the growing need for care of the chronically ill, coupled with the increasing age of the population and the increase in death rates among the older age groups, stimulated the United States Public Health Service to undertake a study of the chronic diseases situation, Dr. Cumming said.

The data obtained from this National Health Inventory, now being conducted in nineteen states, will furnish more light on many of the questions regarding chronic diseases, according to Dr. Cumming, and will represent the contribution of statistical research toward discovering how social and economic factors are related to chronic illness.

Commissioner Goldwater, in discussing "The Aims of the Department of Hospitals," emphasized that the development of adequate hospital facilities for the chronically ill in New York City is the major program of the Department. He cited the steps already taken toward realization of plans leading to this goal, chief of which is the establishment of a research laboratory containing one hundred beds that will be opened in the Spring in a wing of Metropolitan Hospital on Welfare Island under the direction of Dr. Martin Henry Dawson.

Dr. Goldwater announced that the cooperation of the Columbia, Cornell, and New York University Medical schools, and of the New York Homeopathic Hospital are assured in the operation of this research unit. The medical facilities of Long Island University and of Kings County Hospital are also available if necessary, he stated, and the new 1600-bed hospital for chronic diseases, plans for which are now being drawn, is a major feature of the Hospital Department's replacement program for Welfare Island.

"I hail this day as one to which, some fifteen years ago, it seemed unlikely one could with any degree of confidence look forward," Dr. Cohn said, in opening his address on "The Value of Research in Chronic Diseases." "That a meeting like this can take place," Dr. Cohn continued, "at which this administration and its department of hospitals are in position to announce the creation of institutions to be devoted to studying chronic illnesses is a significant event."

In discussing the types of chronic diseases with which the projected research laboratory will be concerned, Dr. Cohn cited the following as requiring investigation: certain long drawn out diseases of the blood forming organs; diseases of the joints; rheumatic fever; certain forms of diseases of the kidneys; Bright's disease, and pre-natal injuries or faults in development in the earlier years of life.

Charles C. Burlingham, president of the Welfare Council, presided at the meeting. He read a letter received from Mayor LaGuardia which said in part:

"When you bring together for the first time the distinguished ranking public health authority of the country, a renowned medical scientist, and a hospital commissioner of international reputation to talk about chronic diseases as a public health problem you are making history.

"Health and hospital facilities have been made a local concern of this Administration. In my recent budget report I emphasized the necessity for providing funds to build a modern hospital for chronic diseases, plans for which are now being drawn. The progressive hospitalization plan of Commissioner Goldwater for replacement of the wretched buildings on Welfare Island and for the organization of scientific and modern medical service for chronic patients has my wholehearted support."

Medical Congress to Meet In Chicago February 17-18

» » The Thirty-Second Annual Congress on Medical Education, Medical Licensure and Hospitals will be held at the Palmer House, Chicago, February 17 and 18. Ray Lyman Wilbur, M.D., of Stanford University, California, will preside over the opening meeting and present the report of the Council on Medical Education and Hospitals.

General problems relating to the accrediting of higher institutions, professional education, and licensure will be discussed at the opening session. Problems of teaching, curricula, responsibilities of universities, legislation and allied subjects will be discussed at other meetings during the two-day convention.

On Monday evening, February 17, the Trustees of the American Hospital Association will give their usual complimentary dinner to the representatives of the various sectional and regional associations which will meet at the same time.

Standard Bed Sizes Unchanged

» » The Division of Simplified Practice of the National Bureau of Standards has announced that the Simplified Practice Recommendation on Beds, Springs and Mattresses, has been reaffirmed without change by the standing committee of the industry.

This simplification program establishes standard dimensions for straight-foot wood beds, straight-foot metal beds, bow-foot beds, springs and mattresses. The recommendation was originally effective September 1, 1922, and was revised November 1, 1932. Copies may be obtained from the Superintendent of Documents, Government Printing Office, Washington, D. C., at five cents each.

Marshall W. Reinig

...president of Institutional Publications, Inc., publishers of HOSPITAL MANAGEMENT, at a recent meeting was elected a member of the board of trustees of Women's and Children's hospital, Chicago, for a period of two years, expiring in December, 1937.

Formally Announce Annual Meeting of A. H. A.

» » Formal announcement of the thirty-eighth annual convention of The American Hospital Association has been made by the president and the board of trustees of the organization. The meetings will be held in the Public Auditorium, Cleveland, Ohio, September 28 to October 2, 1936. Concurrently with the Association's convention, the annual meetings of the American Protestant Hospital Association, the American College of Hospital Administrators, American Occupational Therapy Association, National Association of Nurse Anesthetists, American Association of Medical Social Workers, and the Children's Hospital Association of America will be held.

It is expected that the fine facilities available in Cleveland, and the city's central location will attract a record attendance at the meetings.

To Commemorate Completion of Two Centuries of Hospital Service

» » To commemorate the completion of two hundred years of continuous hospital service by the City of New York, the Department of Hospitals will hold a public meeting at the New York Academy of Medicine on the evening of National Hospital Day, May 12. The speakers include Dr. S. S. Goldwater, Commissioner of Hospitals, who will preside; Mayor F. H. LaGuardia, who will discuss the functions of the municipality in the care of the sick; Dr. Henry E. Siegerist, Professor of Medicine at the Johns Hopkins University, who will speak on the historical developments of medicine in the United States; and Dr. George E. Vincent, formerly president of the Rockefeller Foundation, who will interpret the responsibilities, opportunities and social significance of the hospital.

New Book On Medical Social Work Reviewed

MEDICAL SOCIAL WORK—A STUDY OF CURRENT AIMS AND METHODS IN MEDICAL SOCIAL WORK, by Harriet M. Bartlett, Chicago; American Association of Medical Social Works, 1934, pages 223. $1.00.

» » In presenting these conclusions from a study of the purposes, problems and methods in current practice of medical social work, Miss Bartlett speaks for the Study Committee on Functions of the American Association of Medical Social Workers. This report follows and supplements an earlier report of the same committee which stated, in essence, that "the basic practices in hospital social work—can be described as (1) discovery of the relevant social factors in the health problems of particular patients and (2) influencing these factors in such ways as to further the patient's medical care."[1]

This second study questions and attempts to test the two assumptions on which the first study was based, first, that the social situation of the patient and his response to it are significant to medicine in both diagnosis and treatment; and second, that the social worker follows an orderly plan of practice in securing and interpreting social information for the physician and in influencing the social situation in such a way as to further the patient's medical care. The study attempts to answer three general questions:

1. Do the activities of the medical social worker meet an actual need?
2. Are they carried on by persons able and equipped for such performance?
3. Is the best interest of hospital and community served by having the activities directed and controlled by the hospital, or would some arrangement with outside agencies for meeting the need of social service in hospitals be more efficient?

Illustrative cases are presented with full analysis in the process of answering these questions. The first demonstrates the social component of illness or the need for cooperative treatment of physical and social ills if the medical care is to be effective. The first of the three questions is answered by a well-substantiated affirmative. The second division of the study deals with the role of the medical social worker. Here the necessity is emphasized for close integration of the specialists who make up the medical team, doctor, nurse, social worker, dietitian and all others of the hospital personnel as well as agencies outside of the hospital, such as schools, relief agencies, and other community services. The investigation finds the social worker functioning as the point of coordination for all these varied activities being carried on simultaneously and with the common goal of furthering the patient's medical care and improving his chances of recovery.

In answering the third question, Miss Bartlett quotes the Committee on Training of Hospital Executives and mentions community economy as one of the most important criteria for defining the hospital's function. The question as to whether the interests of the hospital and community can best be served by having the social work controlled by the hospital or by an outside agency is then considered in the light of economy and the best interests of those most closely concerned—the patient, the physician, the hospital, and the community.

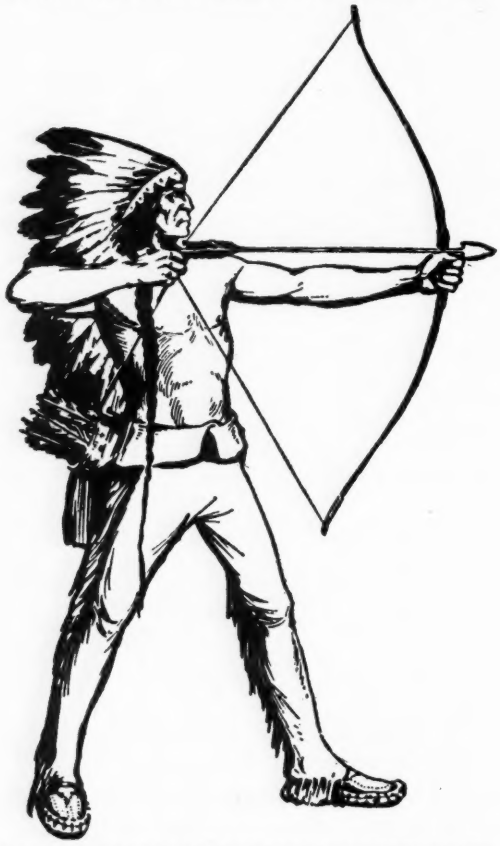
The author believes that it is to the advantage of all equally that medical care should be quick, skillful, and thorough, and shows how this can be accomplished best if the social worker is functioning under the direction and control of the hospital. Miss Bartlett points out, however, certain problems to be met in possible conflicts of interest between the various specialists making up the hospital personnel.

The book is a somewhat detailed study written primarily for social workers and probably appealing more to such an audience than to allied professions less interested in the details of a job analysis. It is an excellent piece of critical investigation and constructive thought and should do much to stimulate well-planned development in a field whose aims, functions, and practices have sometimes been clouded and ill defined in the confusion of a rapidly shifting social order.

—Hester W. Browne.

[1]The Functions of Hospital Social Service. Monograph No. 1 American Association of Medical Social Workers, Chicago, 1930.

CHIEF OF THE NATION'S CLEANERS



This famous Indian trade mark stands today, as it has for over a third of a century—the symbol of progress and efficiency in the science of cleaning. It is your guarantee that when you buy Wyandotte you buy service and satisfaction—not merely so many pounds of cleaning material.

All through the years Wyandotte has maintained its place as the most modern cleaner you can use. Today the family of Wyandotte Products includes specialized cleaners and alkalies for your every cleaning requirement.

This is why you can safely entrust your cleaning problems to Wyandotte. Ask your Wyandotte Service Representative to recommend the particular kind of Wyandotte you can use to the best advantage.

Wyandotte PRODUCTS

THE J. B. FORD COMPANY

WYANDOTTE . . . MICHIGAN

THE HOSPITAL HOUSEKEEPER

MRS. GRACE H. BRIGHAM
N.E.H.A. Headquarters
New York

MRS. ALTA LA BELLE
Michael Reese Hospital
Chicago

MRS. DORIS L. DUNGAN
Jeanes Hospital
Philadelphia

MRS. ALICE M. ELDRIDGE
Fairmont Hospital
San Leandro, Calif.

CONTRIBUTING EDITORS

LINEN CONTROL AND DISTRIBUTION

By FRANCES M. PENFIELD

Executive Housekeeper, Lawrence and Memorial Associates Hospital, Inc., New London, Conn.

» » » THE OLD SAYING that a "housekeeper is judged by the linen she loses," would be far more to the point, in my estimation, if it read, "A housekeeper is judged by the linen she does not lose." Linen loss can be controlled to a great extent if a housekeeper has the proper system of distribution and checking.

A quota per patient should be determined for every article used, depending upon the quality of service given by the housekeeper's particular hospital. Then a careful inventory should be taken and the supply of linen in circulation made to meet the quota decided upon. For example, if four bed spreads are to be allowed per bed, the number required in circulation would be four times the number of beds using that size of spread. When the proper number of pieces of linen are actually in circulation, the housekeeper should make a linen inventory book of loose leaves, similar to the one illustrated, so that she can then know exactly where she stands if she inventories monthly. This takes time, but linen is worth money and will well warrant the time expended.

The service the nurses give is greatly dependent upon the linen. They must have an ample supply; it must be in good condition, and this is where the necessity for using a properly balanced wash formula comes into play. The linen must be of a good color and soft in texture, which means that all chlorine must be washed out of it, or irritated skin conditions may develop among the patients and an unnecessary deterioration of the linen itself, will take place. It is recommended that an expert from a large, well-recognized laundry supply house be called in and consulted in regard to the best wash formula for the particular needs of one's hospital. After this has been done,

(*Continued on page 57*)

SHEETS

1936	In Circulation	Discards	Issued	In Stock	Quota Per Bed	Beds	Received
Jan	2250	18	18	144	9	240	144
Feb							
Mar							
Apr							
May							
June							
July							
Aug							
Sep							
Oct							
Nov							
Dec							

Conducted in cooperation with The National Executive Housekeepers Association, Inc.

The Discipline of the Employe

By Evelyn L. Coolidge
New Haven Hospital, New Haven, Conn.

» » To what extent shall we discipline? Shall the employe be discharged for repeated minor offenses, or shall we lay him off for a week or ten days without pay and see if that will teach the lesson?

As a matter of good business we have to consider several things when thinking of discipline: (a) the institution for which we are working; (b) the employe, (c) his co-workers, and (d) ourselves. We are being paid to do our work in the best possible way, and one of our duties is to see that all work delegated is done efficiently, promptly, neatly and with no friction. This can not be done if we are lax in our standards for the employes.

For one thing, we expect them to be promptly on duty. If tardiness occurs even once, we should check the employe immediately to find the cause. Any excuse of course may be given, but we must use our judgment as to how many "grains of salt" to use with the excuse. By immediate checking, the employe will realize that we are on the alert.

With new employes, especially, this will give you an opportunity to perhaps find out home conditions which in the future may influence his conduct or work. There may be illness in the family and the employe may have lost much sleep. We can help by suggesting needed care—perhaps dispensary treatment of the services of the visiting nurse. Or perhaps the alarm clock did not ring or was unheeded if it did ring. A new alarm clock or else the loss of the job may solve this problem. Several successive or frequent tardinesses may be cured by a lay-off without pay for a week or ten days. This has a good effect not only on the offender but on all other employes. They know you have given a fair chance for improvement but also understand that you expect cooperation.

In dealing promptly and fairly with the employe you will have no regrets, as you might have if you allow yourself to become lax. Teach each worker that he or she must have respect for your job, his or her job, and above all for the job the hospital has to fill if it is to serve society efficiently.

Let there be no favorites. Treat all workers alike if you would have a happy, cooperative group.

Every employe sooner or later has the problem of intoxication to deal with. Should we be lenient toward a good worker who has periodic outbreaks once or twice a year or should we discharge him after the second offense? Every new employe should be told before he starts to work what he can expect if he is unfit for duty on account of liquor. If he should report for work while intoxicated or with the hangover odor, he should be sent off duty and told to report to the office the following day. At that time discretion should be used as to whether he should be given another chance or let go immediately. A second chance *may* save you an excellent worker. He may have been in company that influenced him to take more than he could carry, but he should be told in no uncertain terms that another offense will mean his immediate discharge. Upon frequent and repeated offenses there is no question of what to do, even if the man is an excellent worker when sober.

Other problems such as: discourtesy to superiors or co-workers, loud talking or laughing in corridors or rooms, bickering, untidiness in person or work and personal sanitation should be solved as they occur. Always talk the thing over with the offender so as to get his side of the story. In this manner we gain the workers' loyalty and cooperation. We let them know that we want to be fair and that we expect them to be fair with us. Not long ago a worker, speaking of a very exacting employer said, "She is pretty strict, but she sure is fair." Isn't it worth while to be so rated by an employe?

Death Summons Mrs. Addington Following Long Illness

» » Executive housekeepers throughout the country will be saddened to learn of the death on January 30, 1936, of Mrs. Jessie H. Addington, second vice president and chairman of the Hospital Committee of The National Executive Housekeepers' Association. Mrs. Addington was executive housekeeper of the Presbyterian hospital in New York City.

Mrs. Jessie H. Addington

Ill for a long period with an incurable disease, Mrs. Addington had been confined for several months to a bed in the hospital where she formerly "kept house" for nearly 2,000 persons.

A funeral service at the hospital, attended by former assistants and employes and a host of her friends, was held before she was taken to her former home in Lexington, Kentucky, for burial.

Mrs. Addington is survived by her immediate family, consisting of her sisters, Mrs. Taylor, Mrs. Yancy, and Mrs. T. J. Wilkerson, all of Lexington, Kentucky.

Born and raised in that city, Mrs. Addington went to New York, after a number of years' experience as executive housekeeper in a girls' school in Kentucky. Five months before the Presbyterian hospital moved from its old location to the present one, she was appointed housekeeper there, where she ably directed the work of six assistants and 136 employes.

In August, 1935, Mrs. Addington accepted an appointment to the Editorial Advisory Board of Hospital Management, where she was of great assistance in organizing and conducting the "Hospital Housekeeper" department of the magazine. One of the country's foremost authorities on executive housekeeping, she had made many contributions to the advancement of her profession, and to its official organization, the National Executive Housekeepers' Association. The hospital world, her immediate associates, the Presbyterian hospital, the N. E. H. A., and Hospital Management all have lost a most valuable friend and co-worker in the passing of one who was not only a brilliant worker and executive but a grand woman personally.

Vermin Control in the Hospital

By Helen Welch
Executive Housekeeper, The Children's Memorial Hospital, Chicago

» » The problem of vermin control is a very important part of the work in any hospital. In addition to the matter of cleanliness, there is in the hospital the factor of sanitation and disease prevention to be considered. Vermin control at The Children's Memorial Hospital is now one of the least of our problems. This is due to the fact that our newer buildings are built without mouldings at the floor wall line and have been so constructed otherwise that no points of vantage may be gained by any of the common vermin that cannot be discovered easily, and removed. Traps are placed for the larger vermin, such as rats and mice. The presence of these is of such rare occurrence as to be almost unknown. To be specific, there has been only one mouse in the past few years.

Roaches are taken care of by constantly spreading powders in both the main kitchen and the diet kitchen, where the presence of food might serve to attract them. Bedbugs are almost unknown. Beds are all so constructed that they may be knocked down quickly and easily. All joints and connections in the beds are of metal. Sanitary coil springs are used on all beds. Silver fish are confined in isolated outbreaks by keeping all warm places well cleaned and by spreading exterminating powder in cracks and crevices and around doors where their location might be probable. Ants are also trapped in especially constructed traps placed in locations where ants might be expected to enter.

General precautions are taken by cautioning all employes to keep doors shut tightly. Windows are screened the year round, eliminating in great part the troubles encountered with early spring bugs and flies, which may arise before screens are ordinarily put in. In this way, also, the entrance of the larger vermin and rodents through ground floor windows is prevented.

Flies are common, as we all know, and are one of the greatest health menaces. Much trouble is avoided by our screening precaution. However, we do not stop at this. Practically everyone has instant access to swatters and uses them whenever needed. All the employes are also cautioned to keep all doors to the outside tightly closed except when it is absolutely necessary to have them open.

The night supervisor has been instructed to report to the Superintendent, in writing, the presence of even one mouse, one bedbug or one cockroach, for it is during her shift that vermin are most apt to be discovered. By emphasizing the matter in this and other ways, and by employing exterminators at a nominal fee on a yearly basis, we have established a degree of cleanliness with a total absence of vermin, which we had never achieved before. Therefore, vermin control is today a minor housekeeping problem instead of the major problem of only six years ago.

Mrs. La Belle to Lead Housekeeping Discussions at Tri-State Assembly

» » Mrs. Alta La Belle, executive housekeeper at Michael Reese hospital, Chicago, has accepted the appointment of chairman of the housekeeping departmental at the approaching meeting of the Tri-State

They thought they were saving 10 cents a garment » » » »

THIS is a true story. A hospital superintendent had repeatedly told us he was buying garments "just as good" as White Knight for about a dollar a dozen less. Finally we persuaded him to place a trial order. As we had confidently expected, a few months later he said, "Tell me truthfully, why have we gotten such wonderful service from your garments?"

Together we went to the sewing room. There we demonstrated the superiority of lockstitching—flat, rip-proof seams; showed him why our tie tapes would not tear loose; convinced him that when we said "reinforced at points of strain" we meant exactly that; made comparisons of materials, roominess, comfort after garments had been worn and laundered. "And I thought we were saving ten cents a garment," he exclaimed. "Why we were spending more than that in repairs every time they were washed." Which was close to the truth.

Test the extra service features of White Knight Garments in your own hospital. A small, trial order will convince you.

WILL ROSS, INC., *Wholesale Hospital Supplies*
779-783 N. Water St. Milwaukee, Wis.

WHITE KNIGHT HOSPITAL GARMENTS

LINCOLN TWIN DISC

SO QUIET

LINCOLN TWIN DISC FLOOR MACHINES ARE MADE TO ORDER FOR HOSPITAL USE

LINCOLN Twin Disc Floor Machines respect hospital rules and regulations. They go about their work speedily, efficiently, QUIETLY! And, they'll give you uninterrupted service day in and day out for years. Lincolns have consistently been chosen above all others for the majority of our country's largest floor-cleaning problems. The Merchandise Mart, Chicago, Philadelphia General Hospital, Empire State Bldg., Brooklyn State Hospital, Neurological Institute at New York, and many others. A free demonstration in your own hospital is yours for the asking. There's absolutely no obligation. Let us show you how these machines will pay for themselves within a few short months.

GET THIS FREE BOOK!

Twelve models of Lincoln scrubbing, waxing, and polishing machines, together with interesting floor maintenance data, are contained in this helpful book. There's a model designed for the largest or smallest floor area. A complete line of floor finishing materials is also available. Write for your copy today!

LINCOLN-SCHLUETER
FLOOR MACHINERY CO., INC.
234 WEST GRAND AVENUE
CHICAGO, ILL.

TWIN DISCS ARE FASTER—MORE THORO

Hospital Assembly to be held May 6, 7, and 8 at the Hotel Sherman, Chicago.

Mrs. La Belle is now actively at work building up a section on housekeeping problems for the heads of housekeeping departments. The many phases of administrative and operating problems, and their relationship to other departments will be studied.

On May 6 there will be a two-hour group conference over which Mrs. La Belle will preside, at which formal papers having to do with housekeeping will be presented, the second half of the period being given over to round-table discussions of the papers presented.

The session May 7 will be held jointly with the engineering departmental, at which time discussion will cover such things as painting, wall-washing, and allied subjects. At the luncheon on May 8, Mrs. La Belle will give a ten minute summary of the discussion of previous days—a feature of particular interest, as the luncheon will be attended by superintendents and others of the administrative groups.

» «

Storage and Dispensing of Supplies . . .

(*Continued from page 29*)

filling in the floor and the date. A supply of these, with a pencil on a string, is kept at the stockroom door, again saving time and delay.

A few general rules should be observed in addition to what has been suggested. It is well to distinctly separate old and new stock, to prevent deterioration. Items that should not be allowed to become even slightly damp, should be kept away from the floor. On the other hand, strong chemicals should be kept near the floor for easy handling, and because in the event of accidental spilling there will be nothing below to become spoiled.

LIQUID DIET REQUISITION

Floor..... **Room**..... **Date**.....

"A" Milk
Buttermilk
Broths
Custards
Jellos
Orange Juice
Lemon Juice
Ginger Ale
Grape Juice

.....
Supervisor

It is advisable to have ample aisle space to avoid overcrowding and difficulties in removing items from the bins. It is better to have a little more than the absolutely necessary space rather than not enough.

When stocking items, be consistent and use the same method always. If, for instance, items are piled in dozens, or sixes, do so in every bin; if fives and tens are used, follow that system throughout. Keep labels and other means of identification to the front. These factors will be found very important when taking inventory, and right here it might be well to impress again the importance of taking inventory at stated intervals—the time between inventories being determined by the confidence one has in the storeroom clerk.

The storerooms should be locked at all times, as no storeroom clerk can be held responsible otherwise. Only one other person, highly responsible and with an appreciation of the necessity of making a record of every item taken out, should have a key. This may be someone who will be on duty when the storeroom clerk is off duty, who may provide access to the supplies for emergency purposes.

In practice, it has been found that this system requires the services of one efficient clerk for an approximately 125-bed hospital. The author has worked this system for some time, and has found it very satisfactory—one which can be done elsewhere just as well.

» «

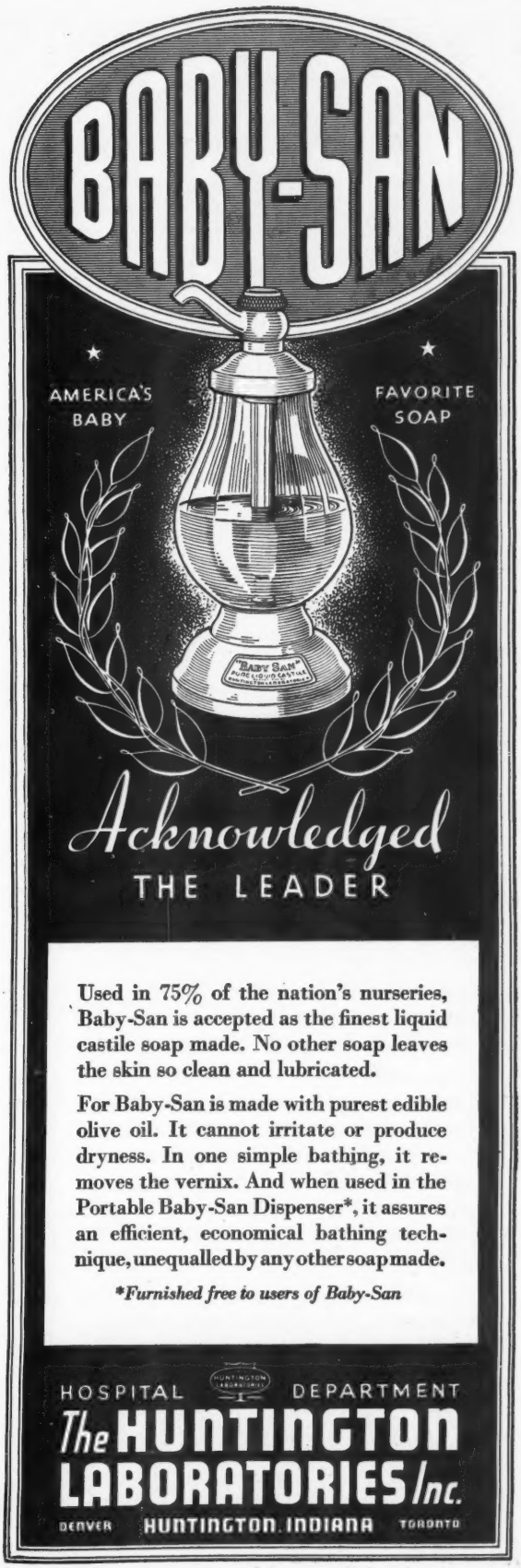
Linen Control . . .

(*Continued from page* 53)

and the washman carefully instructed in the use of the formula, it is advisable to run a tensile strength loss test bundle once every three months as a check-up upon the laundry procedure. This is a service given by the laundry supply concerns to all institutions. In this way, no question can arise with regard to unnecessary linen wear due to laundering. If this matter is under control, and the linen dated when placed in circulation, the housekeeper then knows pretty well what to expect from her linen.

As to the distribution of the linen in circulation, the equal exchange system appears to be the best one to use. If each division is given a definite allotment of linen sufficient for its needs, an inventory made of it, and a list placed on the back of the linen closet door, it enables the supervisor to check her linen supply weekly. Her soiled linen should be placed in bags marked for her division, and sent to the laundry. When this linen is received in the laundry, it should be counted and a list given to the Central Linen Room attendant, who honors this list as a requisition for linen for return to the division from which it came. This counting, of course, can be done in the division as well as in the laundry, if desired; but if the housekeeper demands accuracy in the laundry, it is unnecessary.

Linen loaned to the dietary department should be handled in the same way—a definite base decided upon, and given to the dietitian. From this an equal exchange of clean for soiled is made daily, and a weekly check is made. When this checking is to take place, the dietitian should be asked for all her linen, both clean and soiled, and an actual count made. Many dollars can be saved in this way, if conscientious, accurate counting is done.


BABY-SAN
AMERICA'S BABY
FAVORITE SOAP
Acknowledged
THE LEADER
Used in 75% of the nation's nurseries, Baby-San is accepted as the finest liquid castile soap made. No other soap leaves the skin so clean and lubricated.
For Baby-San is made with purest edible olive oil. It cannot irritate or produce dryness. In one simple bathing, it removes the vernix. And when used in the Portable Baby-San Dispenser*, it assures an efficient, economical bathing technique, unequalled by any other soap made.
*Furnished free to users of Baby-San
HOSPITAL DEPARTMENT
The HUNTINGTON LABORATORIES Inc.
DENVER HUNTINGTON, INDIANA TORONTO

84%

of the approved Hospitals in the U.S. use our Service

Standardized
Hospital Record Forms
Filing Devices, Accounting Material and Complete Record Equipment for Hospitals, Sanitoria and Training Schools
Physicians' Record Company
The Largest Publishers of Hospital and Medical Records
Chicago, Illinois, U.S.A.
161 West Harrison Street

STANDARDIZED FORMS COST LESS and are Authoritative

Write for this New Catalog and Price List 36H

We have in stock over 800 standardized forms which cover every department and professional service in both large and small hospitals.

These record forms are printed in large quantities and you get the PRICE ADVANTAGE.

. . . and then there is the matter of SERVICE . . . you are assured prompt shipments at all times.

Write for samples and catalog

ASSORTED LOT PLAN

Ask us about our ASSORTED LOT PLAN. It enables you to group orders for hospital forms at low prices.

DR. MacEACHERN'S NEW BOOK

"HOSPITAL ORGANIZATION AND MANAGEMENT," a comprehensive book of 968 pages, authoritative guide for hospital workers . . . should be in every hospital.

NEW SPECIAL HISTORY FORMS

Prepared by the Committee on Clinical Records of the American Hospital Assn. and approved by the American College of Surgeons. In conformity with its established policy, the Physicians' Record Co. presents these new approved forms. Write for prices.

Physicians' Record Co.

The Largest Publishers of Hospital and Medical Records

161 W. Harrison St. Chicago, Ill.

We Have a STANDARDIZED FORM for Every Hospital Purpose

PHYSICIANS' RECORD CO., Dept. B2
161 W. Harrison St., Chicago, Ill.

☐ Send me new catalog and price list of standardized forms, 36H.
☐ Send me "Hospital Organization and Management," by Dr. M. T. MacEachern, price $7.50, plus postage.
☐ Send me information about.....
.....Hospital
Requested by.....
Title
Address .....
Town..... State.....

THE HOSPITAL CALENDAR

February 17-18. Council on Medical Education and Hospitals, American Medical Association. Chicago, Ill.

February 17-18. American Hospital Association Conference of State and Province Secretaries, and Chairmen of State Legislative Committees. Chicago, Ill.

February 27-29. New England Hospital Association.

March 6-7. Texas Hospital Association Convention. Dallas, Tex.

April 14, 15. Ohio Hospital Association Convention. Desher Wallich Hotel, Columbus, Ohio.

April 16-17. Joint Conference, North Carolina and Virginia Hospital Associations. New Champerlyne Hotel, Old Point Comfort, Va.

April 21. Alabama Hospital Association Convention. Montgomery, Ala.

April 20-23. Western Hospital Association Convention. Municipal Auditorium, San Francisco, Calif.

April 20-23, 1936. Twelfth annual convention of the Western Catholic Hospital Association, San Francisco, Calif.

April 20-23. Association of California Hospitals. San Francisco, Calif.

April 22-24, 1936. Pennsylvania State Association of Nurse Anesthetists, Hotel William Penn, Pittsburgh, Pa.

April 22-24. Pennsylvania Hospital Association Convention. William Penn Hotel, Pittsburgh, Pa.

April 27, 28. Iowa Hospital Association Convention.

April 28, 29. Colorado Hospital Association Convention. Denver, Colo.

May 4. Mississippi Hospital Association Convention. Greenville, Miss.

May 6-8. Tri-State Hospital Association Convention. (Illinois, Indiana and Wisconsin). Hotel Sherman, Chicago, Ill.

May 11-15. American Medical Association Convention. Kansas City, Mo.

May 14-15. Minnesota Hospital Association Convention. Lowry Hotel, St. Paul, Minn.

May 21-22, 1936. New York State Hospital Association, Buffalo, N. Y.

June 4-6. New Jersey Hospital Association. Dennis Hotel, Atlantic City, N. J.

June 15-19. Catholic Hospital Association Convention. Fifth
nipeg, Man.

June 15-19. Twenty-first annual convention of the Catholic
Regiment Armory, Baltimore, Md.

June 25, 26. Manitoba Hospital Association Convention. Win-
Hospital Association of the United States and Canada. Fifth
Regiment Armory, Baltimore, Md.

June 22, 27, 1936. American Nurses' Association, Los Angeles, Calif.

September 26-28. American Protestant Hospital Association Convention. Cleveland, Ohio.

September 26-28. American College of Hospital Administrators. Cleveland, Ohio.

September 28-October 2. American Hospital Association Convention. Cleveland, Ohio.

September 29-October 1. National Association of Nurse Anesthetists. Cleveland, Ohio.

September 29-October 1. American Occupational Therapy Association. Cleveland, Ohio.

September 30-October 1. Children's Hospital Association Convention. Cleveland, Ohio.

Oct. 11-16, 1936. American Dietetic Association, Statler Hotel, Boston, Mass.

October 19-23. Ontario Hospital Association Convention. Toronto, Ont., Can.

October 19-23. American College of Surgeons Convention. Philadelphia, Pa.

October 31. Kansas Hospital Association Convention. McPherson, Kans.

MEDICAL RECORDS DEPARTMENT

Edna K. Huffman
Immediate Past President, Association of Record Librarians of North America
Editor

PRESENT STATUS OF MEDICAL CLINICAL RECORDS

By H. F. BECKMAN, M.D.
Professor of Obstetrics, Indiana University School of Medicine

» » » MEDICAL RECORDS reflect the past, and while primarily interested in a disease process which is active at the time when the record was created, it extends beyond this present time. It will contain a history of past events dating beyond the life of the individual as far as history or tradition may reach, all for the purpose of finding data relative to the illness now active.

The importance of records was not always appreciated, and interest in past events was perpetuated by tradition passed on from one generation to another, or by poetry or song. Thus the early history of certain fortified cities along the Rhine, all vestiges of which have disappeared, is recorded by songs which were a poetic expression proclaiming and praising the deeds, usually of valor or virtue, of individuals or peoples. Archeologists are revealing the history of past peoples as recorded by the remnants of their civilization, their towns, their buildings, their works of art and works of utility.

Among the early relics of the past, we find medical records, such as the papyrus Eber which describes the symptoms of diabetes, and which is said to have been already old in the days of Moses, being given a date over 1700 B.C. It is the medical phase of personal history which records as epileptics Julius Caesar, Saint Paul, Mohammed, Napoleon, Joan of Arc, Mary Baker Eddy, all of whom died of some other disease. Medical conception of the healing of the son of the centurian of Capernaum would suggest that he met the crisis of lobar pneumonia.

Medical records contain the past history of the individual concerned, and the present history of the appearance and course of the illness for which he seeks relief; then come the physical findings, as observed by an impartial examiner, and here is represented temperament and personality of what in industry is termed the human element, viz., the acumen or carelessness, the interest or indifference, the knowledge or ignorance of the individual writing the history. You, as record librarians, unconsciously evaluate and classify and file all of the doctors, and while I haven't heard of any being thrown into the waste basket, we know that is just what you would at times like to do with some of them.

The object of all of this work is the advancement of medical science for the benefit of humanity, and experience is the teacher of wisdom; thus it is that the value of medical records is increasing daily, and while you must think of them collectively, giving each group equal importance, the doctor thinks of only one group at a time, and I think primarily of obstetric records.

In obstetrics, due to the sentimental interest which every human feels toward an infant, or the mother of an infant, and due to the importance of the birth rate in maintaining the population of any community, we have centered upon our records the scrutiny of the doctors, the public, the press, the social welfare workers and patrons, which may partly explain why our records are usually quite complete. Superficial examination would leave the impression that they likewise are quite uniform and specific, and yet obstetricians feel that just these last qualities are our weakness. We are not yet sufficiently specific in what we say.

For instance, we will content ourselves with the expression of "toxemia of pregnancy" when we should specify whether of early or late pregnancy, whether primary and acute, or whether same is engrafted upon a pre-existing nephritis, essential hypertension, chronic infection, lues, thyrotoxicosis, or some other undefined state. And so it is with placenta previa, with pelvic deformity, with anomalies of the powers, whether this be due to position of child or some developmental anomaly of the uterus. The cause of postpartum hemorrhage is seldom stated, and yet should be known. Retained or adherent placenta is not the same thing, and adherent placenta is caused by various conditions, and the one present in a given case should be stated.

As it is with complications, so it is with morbidity. In most records, temperature alone is the standard by which morbidity is measured, and by this measure of temperature, there are twelve different methods of expressing morbidity used by as many leading hospitals. A patient with unrepaired injuries need

Presented at the annual convention of the Indiana State Record Librarians' Association at the Columbia Club, Indianapolis, Indiana, November 11, 1935.

not show any elevation of temperature, and yet her condition would certainly require mention in the morbidity group. Thus we know that child-bearing is followed by permanent morbidity of 10 per cent which does not find expression in general statistics.

All of this calls for uniform standardization and the attempt to this end finds its expression in the different systems advanced and used in different hospitals. It is unfortunate that none of the great organizations in medicine has had the courage to adopt and recommend *one* of the various existing systems of nomenclature for the use of all. True it is that none meets all requirements, and that none is complete, but there will always be a changing conception of disease, hence changes will always be necessary, but it would be easier to keep abreast with one system than with several systems, and this should be the aim of all interested in medical records.

The tendency at present leans toward the international list of causes of deaths as the standard with which to conform. However, there is a new nomenclature in obstetrics being proposed by the University of Nebraska College of Medicine which will materially reduce obstetric mortality figures as they are compiled today, and it would seem that the Bureau of the Census of the United States Department of Commerce, which keeps record of the vital statistics of our country, would be the logical organization to champion such change in statistics.

While we, as physicians, decry the existence of numerous confusing systems, since it does not permit us to compare results and establish statistics for the purpose of deciding best methods for treatment of complications, your group feels this deficiency in a more personal way, since your statistics do not provide the information which is requested upon certain occasions.

After the above is accomplished, which it will be some day, comes the personal equation of the physician recording the history or results and his interpretation of these. Some men just can't lose, hence never have any failures. The personality and temperature of a doctor is reflected in his medical records just the same as is his medical ability, and you people know these qualities of individuals better than we do, who fraternize with them medically. All who are interested in hospital practice and services will soon be out of patience with the man who does not realize and accept his obligation along the line of records. Not only are the doctors responsible for clinical records, but it is an obligation that we owe to our hospitals, since the records constitute one of the main criteria upon which they are rated and loyalty demands of each man that he do his part in this direction, or move to another climate.

We are indebted to our colleagues, and more especially to the younger generation, since we are establishing medical history, by which they will be guided in their attempt to carry on. We are obligated to ourselves in this matter, since memory fails us and it is the written word that will perpetuate our activities and establish who and what we are in medical practice. We are obligated to the patient since our observations and treatment may mean life or death to him in some future manifestation. All of the above is recognized in the medical teaching institutions, and history-taking and keeping of records is receiving more attention.

The aim of all should be:

1. More complete analysis of the various groups of disease.
2. Uniform standards of nomenclature.
3. Enthusing the on-coming generation in the value of records.
4. Devoting ourselves to the records of our individual patients.
5. To the librarians, continue in your efforts, in your patience, in your graciousness, in your loveliness and some day, Utopia will come.

The Record Question Box . . .

By EDNA K. HUFFMAN

(This consultant service on medical record problems is available to all medical record librarians. The answer to your question will appear in these columns.)

Question

Should Relief agencies be given any information such as diagnosis, positive Wassermann, etc., regarding patient?—I. C.

Answer

Social Service and allied organizations working for the good of the patient merit the support of the hospital. If there is an agency sincerely trying to assist those applying to it, support should be given, but if there is any doubt as to the advisability of giving out information, the consent of the patient should be secured, as is done in the cases of insurance companies and similar organizations.

Question

Are nurses' notes kept in all hospitals, and do nurses sign their notes?—R. H.

Answer

With the present legal status of records and with the frequent changes on duty in the majority of hospitals, it is necessary that each note be identified. Initials are not sufficient, the nurse must sign her name.

Question

When is the best time to start the unit system?—I. C.

Answer

The most logical time to start the unit system is at the beginning of your new year.

Question

I would like information as to the provisional, working and final diagnosis, as we usually get the same for for both provisional and final diagnosis?—S. M.

Answer

The working of provisional diagnosis is recognized as a tentative opinion, and is offered with incomplete knowledge of facts, as usually most of the examination is still to be done. It serves for the two following purposes: To give the hospital an idea of the nature of the case being handled, and to serve as a starting point for examination and treatment by the physician. The final diagnosis is a statement of opinion arrived at after extensive study and should be complete and accurate.

Chicago and Cook County Association Elects New Officers

» » The annual meeting of the Chicago and Cook County Association of Record Librarians was held at the library of the American Hospital Association, January 30, at which time the following officers were elected:

President, Ruth Snider, Woodlawn Hospital; Vice President, Ethel Hughes, Illinois Central Hospital; Secretary, Elfrieda Trantor, Children's Memorial Hospital; Treasurer, Lucille Barry, Municipal TB Sanitorium; Councillors, Adaline Kennedy, University of Chicago Clinics; Florence Hyfield, Swedish Covenant Hospital; and Edna K. Huffman, St. Joseph Hospital.

It was voted to change the name of the group to the Association of Record Librarians of Chicago, Cook Co. and Vicinity due to the many requests for membership from those residing in nearby towns which were out of the limits of Cook County.

Final arrangements were made at this time for the annual dinner which will be given at the Medinah Club, Thursday evening, February 6.

Attendance at Tri-State Meeting Urged

» » Plans are well under way for the Tri-State Meeting which will be held in Chicago early in May at the Hotel Sherman. It is sincerely hoped that all record librarians of Indiana and Wisconsin as well as downstate in Illinois will attend this meeting. Because of the excellent representation of record librarians last year, the Tri-State Hospital Association has again invited us to meet with them, and the one way that we can show our appreciation is by having a large representation from various parts of the territory as well as from the immediate vicinity of Chicago.

New Form Aids in Compiling Monthly Analysis

» » An excellent aid for medical record librarians for use in the compilation of the Monthly Analysis of Hospital Service used in some form by all hospitals, has been developed from a suggestion made by one of our former presidents, Miss Alice Kirkland, Samuel Merritt Hospital, Oakland, Calif.

The matter was brought up for discussion at one of the roundtables at the annual session in San Francisco last fall, and as a result of this discussion, and from ideas presented at the time, a form has been developed by the Physicians Record Co. which will be of great assistance to record librarians in making up their monthly reports.

This form is a statistical record of discharges and service analysis and is made to conform with the Monthly Anaylsis of Hospital Service of the American College of Surgeons (Form A-ACS).

Honor Dr. Ponton's Nomenclature

» » The Alphabetical Nomenclature by T. R. Ponton, M. D., has been translated into the Portuguese language and designated as the official Nomenclature by the Brazilian Government.

MATTING

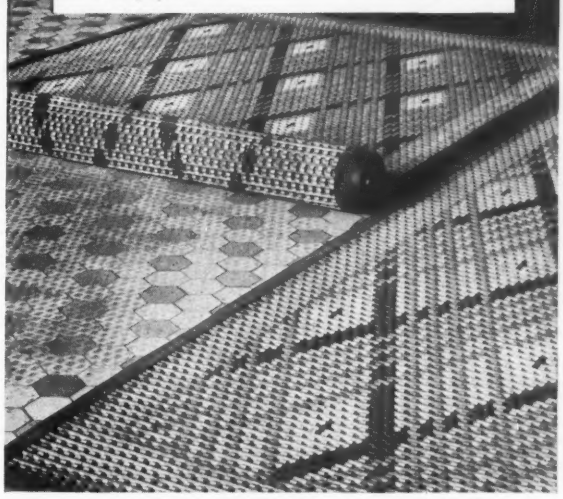
For Lobby and Corridor Modernization

Keep dirt, filth and grit out of your hospital by installing Ezy-Rug Rubber Link Matting in your Lobby entrances. Hospitals must have **complete sanitation** at all times and Ezy-Rug matting traps dirt and prevents it from being tracked through your hospital, thus reducing cleaning costs.

We will gladly show you how Ezy-Rug matting will keep out dirt—reduce maintenance costs and improve the appearance of your Hospital entrance.

Write for prices and descriptive folder

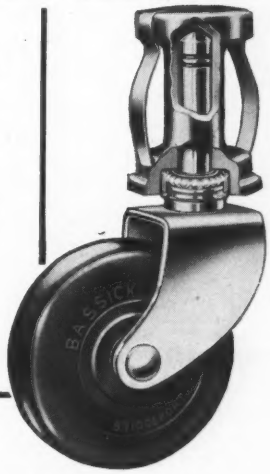
AMERICAN MAT CORPORATION
1717 Adams St. Toledo, Ohio



Bassick

INSTITUTIONAL CASTERS

For information on Bassick institutional casters see the 16 pages of catalog information in the new 1936 edition of the Modern Hospital Yearbook.



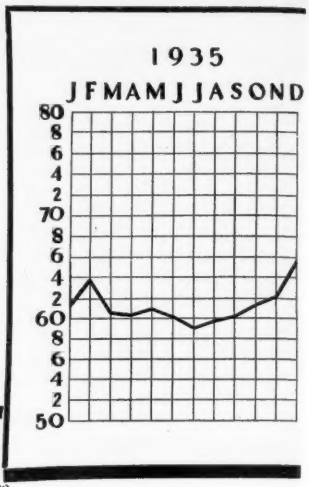
The caster illustrated is one size and type representative of the complete line of Bassick Casters especially designed for institutional equipment.

When you need casters of any size and type investigate and compare the cost and quality of Bassick.

THE BASSICK COMPANY
BRIDGEPORT . . . CONN.

How's Business?

The charts and figures on this page are based on returns from 91 community type hospitals in 35 states. "Hospital Management" was the originator of this business chart of the hospital field. Watch it every month.



Total Daily Average Patient Census

January, 1931	11,510
February, 1931	11,991
March, 1931	11,970
April, 1931	11,669
May, 1931	11,251
June, 1931	11,187
July, 1931	10,765
August, 1931	10,657
September, 1931	10,409
October, 1931	10,499
November, 1931	10,266
December, 1931	10,145
January, 1932	10,758
February, 1932	11,038
March, 1932	10,888
April, 1932	10,596
May, 1932	10,082
June, 1932	9,927
July, 1932	9,571
August, 1932	9,748
*September, 1932	9,125
*October, 1932	9,226
*November, 1932	9,328
December, 1932	9,403
January, 1933	10,037
February, 1933	10,197
March, 1933	10,222
April, 1933	9,955
May, 1933	10,004
June, 1933	10,023
July, 1933	9,786
August, 1933	9,809
September, 1933	9,716
October, 1933	9,883
November, 1933	10,003
December, 1933	9,787
January, 1934	10,358
February, 1934	11,074
March, 1934	11,013
April, 1934	10,993
May, 1934	10,869
June, 1934	10,638
July, 1934	10,701
August, 1934	10,620
September, 1934	10,309
October, 1934	10,524
November, 1934	**10,634**
December, 1934	10,378
January, 1935	11,062
February, 1935	11,426
March, 1935	10,731
April, 1935	10,858
May, 1935	10,946
June, 1935	10,802
July, 1935	10,662
August, 1935	10,765
September, 1935	10,738
October, 1935	10,989
November, 1935	11,079
December, 1935	11,324

Receipts from Patients

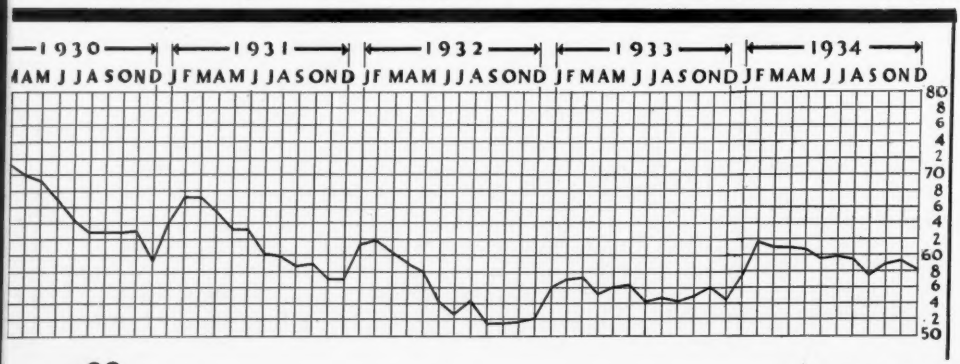
January, 1931	1,771,812.00
February, 1931	1,720,474.00
March, 1931	1,881,003.00
April, 1931	1,831,228.00
May, 1931	1,815,096.00
June, 1931	1,743,189.00
July, 1931	1,698,277.00
August, 1931	1,598,869.00
September, 1931	1,555,436.00
October, 1931	1,583,005.00
November, 1931	1,497,948.00
December, 1931	1,521,552.00
January, 1932	1,527,159.00
February, 1932	1,468,059.00
March, 1932	1,574,446.00
April, 1932	1,496,077.00
May, 1932	1,453,746.00
June, 1932	1,417,856.00
July, 1932	1,357,096.00
August, 1932	1,327,016.00
September, 1932	1,244,635.00
*October, 1932	1,248,504.00
*November, 1932	1,206,405.00
December, 1932	1,258,672.00
January, 1933	1,331,825.00
February, 1933	1,234,741.00
March, 1933	1,271,784.00
April, 1933	1,284,895.00
May, 1933	1,342,120.00
June, 1933	1,333,867.00
July, 1933	1,290,472.00
August, 1933	1,310,558.00
September, 1933	1,283,945.00
October, 1933	1,304,642.00
November, 1933	1,293,923.00
December, 1933	1,268,788.00
January, 1934	1,373,274.00
February, 1934	1,357,394.00
March, 1934	1,479,786.00
April, 1934	1,529,596.00
May, 1934	1,549,902.00
June, 1934	1,543,631.00
July, 1934	1,495,036.00
August, 1934	1,469,074.00
September, 1934	1,412,009.00
October, 1934	1,537,002.00
November, 1934	**1,520,135.00**
December, 1934	1,446,092.00
January, 1935	1,506,382.00
February, 1935	1,562,412.00
March, 1935	1,563,621.00
April, 1935	1,536,286.00
May, 1935	1,565,526.76
June, 1935	1,528,129.00
July, 1935	1,514,901.00
August, 1935	1,522,877.00
September, 1935	1,516,305.00
October, 1935	1,534,179.00
November, 1935	1,546,341.00
December, 1935	1,552,421.00

Operating Expenditures

January, 1931	2,058,681.00
February, 1931	1,963,391.00
March, 1931	2,026,363.00
April, 1931	1,976,430.00
May, 1931	1,967,866.00
June, 1931	1,932,832.00
July, 1931	1,925,156.00
August, 1931	1,870,985.00
September, 1931	1,890,891.00
October, 1931	1,885,424.00
November, 1931	1,829,539.00
December, 1931	1,889,887.00
January, 1932	1,806,279.00
February, 1932	1,763,572.00
March, 1932	1,762,657.00
April, 1932	1,733,486.00
May, 1932	1,672,550.00
June, 1932	1,607,822.00
July, 1932	1,590,274.00
August, 1932	1,565,767.00
*September, 1932	1,508,519.00
*October, 1932	1,515,582.00
*November, 1932	1,488,989.00
December, 1932	1,568,845.00
January, 1933	1,546,747.00
February, 1933	1,490,075.00
March, 1933	1,585,755.00
April, 1933	1,531,870.00
May, 1933	1,536,710.00
June, 1933	1,545,307.00
July, 1933	1,555,554.00
August, 1933	1,555,701.00
September, 1933	1,579,869.00
October, 1933	1,611,151.00
November, 1933	1,620,478.00
December, 1933	1,651,676.00
January, 1934	1,680,330.00
February, 1934	1,648,750.00
March, 1934	1,716,400.00
April, 1934	1,723,237.00
May, 1934	1,763,407.00
June, 1934	1,757,885.00
July, 1934	1,800,817.00
August, 1934	1,782,184.00
September, 1934	1,770,998.00
October, 1934	1,815,650.00
November, 1934	**1,830,798.00**
December, 1934	1,846,180.00
January, 1935	1,883,938.00
February, 1935	1,888,570.00
March, 1935	1,773,343.00
April, 1935	1,813,947.00
May, 1935	1,826,149.93
June, 1935	1,810,623.00
July, 1935	1,736,856.00
August, 1935	1,795,539.00
September, 1935	1,828,619.00
October, 1935	1,831,115.00
November, 1935	1,849,120.00
December, 1935	1,897,615.00

Average Occupancy on 100 Per Cent Basis

January, 1930	70.1
February, 1930	72.1
March, 1930	71.8
April, 1930	70.0
May, 1930	69.4
June, 1930	66.6
July, 1930	64.7
August, 1930	62.7
September, 1930	62.8
October, 1930	62.9
November, 1930	62.4
December, 1930	59.1
January, 1931	64.9
February, 1931	67.5
March, 1931	67.2
April, 1931	65.8
May, 1931	63.0
June, 1931	62.6
July, 1931	60.3
August, 1931	59.7
September, 1931	58.3
October, 1931	59.0
November, 1931	57.5
December, 1931	56.8
January, 1932	60.2
February, 1932	61.8
March, 1932	61.0
April, 1932	59.3
May, 1932	56.4
June, 1932	55.6
July, 1932	53.6
August, 1932	54.6
*September, 1932	51.1
*October, 1932	51.6
*November, 1932	52.2
December, 1932	52.6
January, 1933	56.2
February, 1933	57.0
March, 1933	57.2
April, 1933	55.7
May, 1933	56.0
June, 1933	56.1
July, 1933	54.7
August, 1933	54.9
September, 1933	54.4
October, 1933	55.3
November, 1933	56.0
December, 1933	54.7
January, 1934	57.9
February, 1934	62.0
March, 1934	61.6
April, 1934	61.5
May, 1934	60.8
June, 1934	59.5
July, 1934	59.9
August, 1934	59.4
September, 1934	57.7
October, 1934	58.9
November, 1934	**59.5**
December, 1934	58.1
January, 1935	61.9
February, 1935	63.96
March, 1935	60.07
April, 1935	60.78
May, 1935	61.09
June, 1935	60.02
July, 1935	58.6
August, 1935	59.8
September, 1935	60.1
October, 1935	61.4
November, 1935	62.1
December, 1935	63.8



*One hospital closed during construction program.

Saving Premature Infants . . .

(*Continued from page 25*)

The Humidicrib is designed to hold one infant of normal size. But, because of the small size of the triplets we found it possible to put two of the triplets in the Humidicrib—keeping the third infant in an ordinary incubator.

From the outset the two babies in the Humidicrib showed remarkable improvement and progress. The third infant was not doing so well and a shift was made. The stronger infant was removed from the Humidicrib, being replaced by the weaker one outside. But it was soon manifest that whichever infant was not in the Humidicrib lost weight due to the absence of ideal atmospheric conditions.

The second unit was then ordered by telephone and was delivered to the Englewood hospital by special express the following day, and the third infant was placed in it.

From then on the improvement in the condition of each of the three infants was uniformly satisfactory and on December 30 it was possible to discharge them from the hospital. Their weight at the time of discharge was 6 pounds and 4½ ounces, 6 pounds and 3 ounces, and 6 pounds and 9 ounces, respectively.

Shortly after the discharge of the triplets another unusual case presented itself, and since then two other unusual cases, by means of which we have been able to check the fine results obtained in providing Humidicribs for the triplets. A premature baby was born at Englewood Hospital weighing but 23 ounces and immediately placed in a Humidicrib. Satisfactory weight gains are being registered and there is every indication that the baby will be discharged at the end of the full term in excellent condition.

From the time of purchasing this new equipment up to this writing, we have not had one premature infant death at Englewood hospital. The now-famous triplets weigh over 9 pounds each and the 23 ounce baby girl now weighs nearly 3 and one-half pounds.

The original plans for the Humidicrib were developed at the Highland hospital, of Rochester, New York, where the need for an infant incubator that would provide selective atmospheric control for each infant was recognized.

The Humidicrib provides the selective humidity and temperature control (above room conditions) indicated for each individual infant. In contrast to general air conditioning of a complete nursery, it is completely flexible, providing automatically the specific air condition indicated for each infant for which a Humidicrib is provided.

This is highly important, inasmuch as indicated optimum air conditions vary with the infant's development. It is especially desirable to avoid sudden change, as an infant becomes normal and is finally removed from the special environment.

The control of temperature is automatic at any desired point above room temperature, and is controlled independently of humidity. Any desired percentage of humidity can be automatically maintained above room conditions.

Our experience at Englewood hospital with this equipment has been eminently satisfactory and it is our belief that the use of this modern and scientific incubator in hospitals will contribute materially to the lowering of the mortality rate for infants born prematurely.

SAFETY
SIDES
A Modern Safety-Need
Every Hospital Should Have
Strong . . . sanitary . . . practical . . . Inland Model 10 removable sides are valuable equipment for every hospital. Eliminates unsightly makeshifts. Provides dependable security. A few pairs will take care of any emergency, for they are interchangeable among all beds of a similar type. Illustrated above as used with our No. 766 Hospital Bed and Inland Special 2-piece mattress. Write for illustrated circular and price list . . . beds . . . sides . . . mattresses . . . back rests . . . metal furniture, etc.
INLAND BED CO.
MANUFACTURERS
3923 S. MICHIGAN AVE.
CHICAGO

Stimulating Trustees . . .

(*Continued from page 24*)

the hospital gets most of its money when the patient leaves instead of waiting for some time and collecting it on installments by its own efforts. Undoubtedly a better plan will be discovered which will permit patients to pay on installments and the hospital to get its payments more promptly.

Starting in a small way by attending meetings of the Superintendents' Clubs, the trustees should eventually form clubs of their own for the general discussion of hospital problems. They will learn a great deal more about hospital management by knowing the problems of similar hospitals and how they are met and finally they will enjoy taking part in the round table discussions which take place at the conventions held by the American Hospital Association and its local associations. Steps are being taken to have round table discussions at conventions for trustees only, superintendents not taking any part without special invitation.

Dr. C. F. Oberman

. . . formerly assistant superintendent of the Woodward, Iowa, state hospital, will replace Dr. L. P. Ristine, present superintendent of the state hospital at Cherokee, Iowa. Dr. Ristine goes to the state hospital at Mount Pleasant on April 1. Dr. Ristine has been at the Cherokee institution for the last three years.

NEWS FROM SUPPLIERS

New Sound Distribution System Embodies Many New Features

» » A new program sound system embodying unique advantages for sizeable buildings has been introduced by the Western Electric Company. It was designed by the Bell Telephone Laboratories for distributing programs from microphones, radio receivers or phonograph records, and is wholly operated from a single cabinet. In the cabinet are centered all controls, the switching arrangements, a radio receiver, an electric phonograph, amplifying equipment and a combination loudspeaker and microphone.

A special feature is the fact that the system provides "talk-back" facilities. Sound not only may be sent out for reproduction over distant loudspeakers, but the same loudspeakers may in turn be used as microphones for picking up sound which is transmitted back to the central point. In hospitals, this serves for paging doctors and makes it possible for a doctor to talk with the main office over the nearest loudspeaker extension. Radio programs and recorded selections furnish diversion in rooms where convalescent patients are located.

Models are available where a choice of two simultaneous radio programs can be had, and the switching facilities include as many as sixty keys for controlling the loudspeaker or headphone extensions. The radio receiver is of the high fidelity type, and covers a wide range of frequencies so that foreign short-wave programs may be tuned in. Automatic volume control eliminates much of the fading experienced on foreign reception.

Controls are arranged so that announcements may be made over any one or any group of loudspeakers, or in emergency, over all of them, regardless of whether they are turned on or off at their respective locations.

The cabinet is 5 feet 4 inches high, 2 feet wide and 16 inches deep, and its exterior has been designed along modernistic lines so as to present an attractive appearance in office or foyer.

Traction Apparatus and Improved Fracture Bed on Market

» » Hospital Appliances, Inc. is now marketing the Wellington Traction Apparatus, claimed to represent a distinct advance in design of pulleys, pulley blocks and traction bar used in abduction. The single and double pulleys are larger than the conventional type, universally jointed and self-oiling, said to insure a free and non-binding movement of the cords when adjusted for traction. The turntable traction bar may be placed on any of the corner posts of the bed at any desired height, and every conceivable angle for abduction is said to be obtainable.

The firm is also marketing a fracture bed with an overhead frame. Cross pieces on top provide any desired positions with a minimum of effort, it is claimed, and the foot-end of the bed is designed with the top rail lower than the mattress to allow an uninterrupted line of traction extended over the end of the mattress. A high degree of rigidity is assured by making the corner posts an integral part of the head and foot ends. The frame is equipped with self-oiling pulleys and a Wellington turn-table traction bar for abduction of both the arms and legs. The design of the pulleys and other equipment is such that they respond to the slightest movement on the part of the patient, affording equilized tension at all times, the maker declares. The bed comes equipped with the company's Autopan equipment which serves the bedpan without lifting or disturbing the patient.

Davis & Geck Adds New Surgical Motion Picture to Library

» » A new motion picture, "Suture Technic," produced especially for nursing groups and as a teaching aid in training schools. has been released by Davis & Geck, Inc., specialists in the manufacture of surgical sutures.

Based upon a survey of methods employed in leading hospitals, it presents ethically and impartially, preparatory and operating room technics for handling both boilable and non-boilable sutures. As subjects of this nature, requiring demonstration, are often difficult to teach, the film should serve a very useful purpose.

"Suture Technic," like thirty other subjects in the Davis & Geck Library of Surgical Motion Pictures, is available for bookings, without charge, to schools, hospitals and other accredited professional organizations.

New Device Economizes on Water Used in Air Conditioning

» » The new York Ice Machinery Corporation's "Economizer," designed to reduce the water consumption of air conditioning systems by about 99 per cent, depending upon operating conditions, was displayed for the first time at the Fourth International Heating and Ventilating Exposition in Chicago, Jan. 27 to 31.

A second purpose of the device is the elimination of the fear of the possibility of water shortages which has been a question of some concern to city water authorities because of the increasing number of air conditioning installation.

The "Economizer" is a combination forced draft cooling tower and refrigerant condenser, manufactured on a mass production basis. It is arranged for either indoor or outdoor installation—being used indoors by providing ducts to bring in outside air and exhaust the heated, humidified air to the atmosphere.

A fan passes the outside air through a bank of bare pipe coils over which water trickles in a direction opposite to the air flow, to give a Baudelot cooling action.

Refrigeran is condensed inside the coils, and flows by gravity to the liquid receiver built in the base. The cooling water is recirculated from the drain pan by a pump driven by a fractional horsepower motor which is so small as to virtually eliminate the pumping charges usually encountered in a cooling tower installation. It is claimed that the 1/6 horsepower motor will handle the same requirements as a conventional cooling tower with a 7½ horsepower pump, representing a 97 per cent saving in pumping costs.

The continuous evaporation of water pumped over the coils is replenished automatically by a float valve. This make-up water amounts to about one per cent of the water required by an air-conditioning system.

The unit is built in a number of standard models with capacities ranging from 3 to 50 tons of refrigeration. Larger sizes are assembled to order in the field.

Reprints of "Case Histories" Ready for Distribution

» » Physicians Record Company has re-printed for distribution to staff members, administrators, department personnel and others, the article on Case Histories by Thomas R. Ponton, B. A., M.D., which was the leading editorial feature of the November, 1935, issue of HOSPITAL MANAGEMENT.

Emma Francesia to Represent Southern Rice Industry

» » Appointment of Miss Emma Francesia to the field merchandising unit of the Southern Rice Industry is announced by W. M. Reid, executive secretary of the organization. In augmenting merchandising activities with the services of a trained institutional woman, additional emphasis this year will be placed on contact work with hospitals, hotels, restaurants, tea rooms and schools. Attention to institutions has been an important phase of the advertising and promotional activities of the Southern Rice Industry since the inception of the campaign two years ago. Miss Francesia, formerly of Marshall Field and Company's tea room, is a graduate of Iowa State College.

Second Edition of Heinz Nutrition Charts Issued

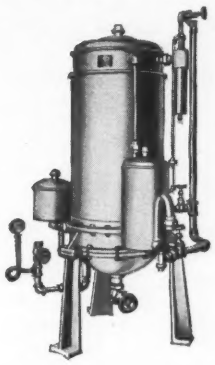
» » H. J. Heinz Company, in collaboration with the Mellon Institute of Industrial Research, University of Pittsburgh, has issued a second edition of the "Nutritional Charts" which proved so popular in the first edition. Copies of the publication may be obtained gratis by all medical, dental, dietetic and food specialists.

Kelvinator Gets Big PWA Order

» » Kelvinator Corporation was awarded the contract for the installation of 1,278 household electric refrigerators in two Atlanta, Ga., projects of the Federal Public Works Administration, Division of Housing, according to a recent announcement. The company competed with six other manufacturers for the contract, which was let after tests by government officials.

"POLAR" WATER STILLS

Manufactured exclusively by us



Distillation is the only convincing answer to the demand for pure water. Polar Water Stills have had an outstanding acceptance where efficient, economical water distillation is required. Many thousands of them are in use and giving excellent service today.

The Industrial type shown above is steam operated and can be furnished in capacities to meet any requirements.

Smaller stills for laboratory use and small distillation requirements are furnished in urn, wall and stand types, electrically and gas operated.

U. S. Bottlers Machinery Co.

4018 No. Rockwell St. Chicago, Ill.

Offices in all principal cities

HOSPITAL LIQUIDS, INC.

Chicago, Illinois

Manufacturers of

Parenteral Solutions

in

Filtrair Dispensers

Buyer's Guide

TO HOSPITAL SUPPLIES AND EQUIPMENT

ABSORBENT CELLULOSE
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

ABSORBENT COTTON
American Hospital Supply Corp.
Johnson & Johnson
Lewis Mfg. Co.

ADHESIVE
American Hospital Supply Corp.
Johnson & Johnson
Lewis Mfg. Co.

ALCOHOL
Hospital Liquids, Inc.

ALUMINUM WARE
American Hospital Supply Corp.

ANAESTHETICS
Hoffmann-LaRoche, Inc.
E. R. Squibb & Sons

ANTISEPTICS
American Hospital Supply Corp.
Lehn & Fink, Inc.
Sanox Co.

BABY IDENTIFICATION
American Hospital Supply Corp.
J. A. Deknatel & Son
Johnson & Johnson
Physicians' Record Co.
Franklin C. Hollister

BABY SOAP
Colgate-Palmolive-Peet Co.
Johnson & Johnson

BANDAGES
American Hospital Supply Corp.
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

BEDS
American Hospital Supply Corp.
Will Ross, Inc.
Inland Bed Co.

BED PANS AND URINALS
American Hospital Supply Corp.
Will Ross, Inc.

BED PAN RACKS
American Hospital Supply Corp.
American Sterilizer Co.
Castle, Wilmot, Co.
Wilmot Castle Co.

BED PAN WASHERS AND STERILIZERS
Castle, Wilmot, Co.

BED-SIDES
Inland Bed Co.

BIOCHEMICALS
Hoffmann-LaRoche, Inc.

BIRTH CERTIFICATES
Franklin C. Hollister, Inc.

BLANKETS
Cannon Mills, Inc.
Will Ross, Inc.

BRUSHES
American Hospital Supply Corp.

CASE RECORDS
Hospital Standard Publishing Co.
Physicians' Record Co.
Franklin C. Hollister, Inc.

CASTERS
The Bassick Co.
Inland Bed Co.

CATGUT
American Hospital Supply Corp.
Davis & Geck, Inc.
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

CELLUWIPES
Lewis Mfg. Co.

CELLUCOTTON
American Hospital Supply Corp.
Lewis Mfg. Co.

CHEMICALS
Davis & Geck
Hoffmann-LaRoche, Inc.
E. R. Squibb & Sons
Sanox Co.

CHART SYSTEMS
Hospital Standard Publishing Co.

CHINA, COOKING
Onondaga Pottery Co.

CHINA, TABLE
Onondaga Pottery Co.

CLEANING SUPPLIES
Colgate-Palmolive-Peet Co.
J. B. Ford Co.
Lehn & Fink, Inc.

COCOA
S. Gumpert & Co.

CONTROLS
A. W. Diack
Sterilometer Laboratories
Aseptic-Thermo Indicator Co.

COOKING APPLIANCES
Edison General Elec. Co.

COTTON
American Hospital Supply Corp.
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

COTTON BALLS
Johnson & Johnson
Lewis Mfg. Co.

CRINOLINE
Johnson & Johnson
Lewis Mfg. Co.

DENTAL EQUIPMENT
Johnson & Johnson

DISINFECTANTS
Johnson & Johnson
Lehn & Fink, Inc.
Sanox Co.

DISINFECTING EQUIPMENT
American Sterilizer Co.
Castle, Wilmot, Co.
Wilmot Castle Co.

DISHWASHING CLEANERS
J. B. Ford Co.

DOCTOR'S PAGING SYSTEMS
Western Electric Co.

DRESSING MATERIALS
Bay Co.
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

DRUGS
Hoffmann-La Roche, Inc.
E. R. Squibb & Sons

ETHER
E. R. Squibb & Sons

FLOOR MACHINERY
Lincoln-Schlueter Floor Mach. Co.

FOODS
S. Gumpert & Co.

FORMS
Hospital Standard Publishing Co.
Physicians' Record Co.

FURNITURE
American Hosp. Supply Corp.
Will Ross, Inc.
McKay Co.
Inland Bed Co.

GARMENTS
American Hosp. Supply Corp.
Will Ross, Inc.

GAUZE
Johnson & Johnson
Lewis Mfg. Co.

GELATINE
S. Gumpert & Co.

GERMICIDES
Davis & Geck, Inc.
Lehn & Fink, Inc.

GLOVES, RUBBER
Massillon Rubber Co.
Wilson Rubber Co.

GOWNS, PATIENTS'
Will Ross, Inc.

HOSPITAL BULLETINS
Physicians' Record Co.

HOSPITAL PADS
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

HOSPITAL SUPPLIES
American Hosp. Supply Corp.
Bay Co.
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

HOT WATER BOTTLES
American Hosp. Supply Corp.
Will Ross, Inc.

HYPODERMIC NEEDLES
American Hosp. Supply Corp.

ICE BAGS
American Hosp. Supply Corp.
Will Ross, Inc.

IDENTIFICATION NECKLACES
J. A. Deknatel & Son

INCUBATORS
Castle, Wilmot, Co.
J. A. Deknatel & Son, Inc.
Wilmot Castle Co.

INTERCOMMUNICATING SYSTEMS
Western Electric Co.

INTRAVENOUS SOLUTIONS
American Hosp. Supply Corp.
Don Baxter Laboratories
Hospital Liquids, Inc.
Cutter Laboratories

JANITORS' SUPPLIES
Colgate-Palmolive-Peet Co.
J. B. Ford Co.

KERCHIEFS
Will Ross, Inc.

LAUNDRY SUPPLIES
Colgate-Palmolive-Peet Co.
J. B. Ford Co.
Lehn & Fink, Inc.

LAXATIVES
Hoffmann-La Roche, Inc.

LIGATURES
See Sutures

LINENS
Cannon Mills, Inc.
Will Ross, Inc.

LUBRICATING JELLY
Johnson & Johnson, Inc.

MATTRESSES
Inland Bed Co.

MONEL METAL
International Nickel Co.

MOTION PICTURES
Davis & Geck, Inc.

CHECK THIS LIST BEFORE YOU BUY

MUSLIN, UNBLEACHED
Lewis Mfg. Co.

MUSIC REPRODUCTION
Western Electric Co.

NAPKINS (PAPER)
Will Ross, Inc.

NECKLACES, IDENTIFICATION
J. A. Deknatel & Son

NICKEL WARE
International Nickel Co.

NURSES' GARMENTS
Will Ross, Inc.

NURSES' PINS
J. A. Deknatel & Son, Inc.

OPERATING ROOM LIGHTS
American Hosp. Supply Corp.
Castle, Wilmot, Co.
Wilmot Castle Co.
Will Ross, Inc.

OPERATING TABLES
American Sterilizer Co.

OXYGEN THERAPY EQUIPMENT
American Hosp. Supply Corp.

PAPER GOODS
American Hosp. Supply Corp.
Will Ross, Inc.

PAPER NAPKINS
Will Ross, Inc.

PATIENTS' RECORDS
Physicians' Record Co.

PHARMACEUTICALS
Hoffmann-La Roche, Inc.
E. R. Squibb & Sons

PILLOWS
Inland Bed Co.

PLASTER PARIS BANDAGES AND SPLINTS
Johnson & Johnson

RADIO EQUIPMENT
Western Electric Co.

RECORD SYSTEMS
Physicians' Record Co.

RICE
Southern Rice Industry

RUBBER GOODS
American Hosp. Supply Corp.
Will Ross, Inc.

RUBBER SHEETING
Johnson & Johnson
Will Ross, Inc.

SANITARY NAPKINS
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

SHEETS AND PILLOW CASES
Cannon Mills, Inc.
Johnson & Johnson
Will Ross, Inc.

SIGNAL AND CALL SYSTEMS
Western Electric Co.

SOAPS
Colgate-Palmolive-Peet Co.
Huntington Laboratories, Inc.
Johnson & Johnson

SOAP DISPENSERS
Colgate-Palmolive-Peet Co.
Huntington Laboratories, Inc.

SODA, LAUNDRY
J. B. Ford Co.

SOLUTIONS
Hospital Liquids, Inc.
Cutter Laboratories

SPONGES
Lewis Mfg. Co.

SPONGES, SURGICAL
Johnson & Johnson
Lewis Mfg. Co.

SPUTUM CUPS
Johnson & Johnson
Will Ross, Inc.

STERILIZER CONTROLS
Aseptic-Thermo Indicator Co.
A. W. Diack
Castle, Wilmot, Co.
Sterilometer Laboratories

STERILIZERS
American Sterilizer Co.
Castle, Wilmot, Co.
Wilmot Castle Co.

SURGICAL DRESSINGS
American Hosp. Supply Corp.
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

SURGICAL INSTRUMENTS
Bard-Parker Co., Inc.

SURGICAL SILK—TREATED
J. A. Deknatel & Son, Inc.

SUTURES
American Hosp. Supply Co.
Davis & Geck, Inc.
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

SYRINGES
American Hosp. Supply Corp.

TELEPHONE SYSTEMS
Western Electric Co.

THERMOMETERS
American Hosp. Supply Co., Inc.
Will Ross, Inc.

TOWELS
Cannon Mills, Inc.

TRAY COVERS
Will Ross, Inc.

UNIFORMS
Will Ross, Inc.

VEGETABLES, CANNED
Pomona Products Co.

WASTE RECEPTACLES
American Hosp. Supply Corp.
Will Ross, Inc.

WATER STILLS
American Sterilizer Co.
Castle, Wilmot, Co.
U. S. Bottlers Machy. Co.

WATERPROOF SHEETING
American Hosp. Supply Corp.
Johnson & Johnson
Will Ross, Inc.

WHEEL CHAIRS
Gendron Wheel Co.

HOSPITAL MANAGEMENT'S ADVERTISING INDEX

American Mat Corporation..... 61
American Sterilizer Company.....Second Cover

Bassick Company, The..... 61

Cannon Mills 7
Castle, Wilmot, Co..... 16
Colt's Patent Fire Arms Mfg. Co., Autosan Div. 43
Colgate-Palmolive-Peet Co. 8
Curity Suture Laboratories..... 18

Davis & Geck, Inc..... 11-14

Ford, J. B., Co., The..... 52

Graybar Electric Company..... 6
Gumpert, S., & Co., Inc..... Fourth Cover

Hoffman-LaRoche, Inc..... 3 and Third Cover
Hospital Liquids, Incorporated..... 65
Huntington Laboratories, Inc., The..... 57

Inland Bed Company..... 63
International Nickel Company, Inc..... 9

Johnson & Johnson..... 70

Lewis Manufacturing Co..... 18
Lincoln-Schlueter Floor Machinery Co., Inc..... 56

Milfard Stain & Blacking Co..... 68

Onondaga Pottery Co..... 45

Physician's Record Co..... 58
Pomona Products Co..... 38

Ross, Will, Inc..... 55

Sanox Company 68
Squibb & Sons, E. R..... 17
Sterilometer Laboratories, Inc..... 68
Swartzbaugh Mfg. Co..... 47

U. S. Bottlers Machinery Company..... 65

Western Electric Company..... 6
Wilmot Castle Co..... 16

STERILOMETER

For Positive Proof of Sterile Surgery

- TESTED IN THE LABORATORY
- TRIED IN THE CLINIC
- USED IN THE HOSPITAL

More Than a Million Every Year

Write for Samples and Literature

STERILOMETER LABORATORIES, INC.

812 W. 8th Street, Los Angeles

1086 Merchandise Mart, Chicago 155 E. 23rd Street, New York

A Real Boon to Hospitals!

SANOX

Hypo-chlorite Powder

(Sodium Hypo-chlorite Powder)
FOR MAKING AN

Improved Dakin Solution

Non-Irritating
Highly Stable

Doesn't Burn Tissue
Easily Prepared

Needs No Refrigeration

ECONOMICAL — DEPENDABLE — CONVENIENT

Hospitals, Physicians, Surgeons and industrial First Aid Clinics everywhere are finding Sanox Powder a very convenient and dependable product. One bottle makes one gallon Dakin Solution U.S.P. strength. Price 60c per bottle. Quantity price on carton of 12 bottles to hospitals, on request. If your dealer cannot supply you, send order direct.

SANOX CO. Sta. F Toledo, O.

EXTRA!!!!

KLEEN WHITE NOW HAS A COMPANION

Same perfect cleaner—equally attractive packaging—the only difference being in size. Sure White, the companion, retails for 10c. Samples gladly on request. Try it. You liked KLEEN WHITE —Sure White will please also.

MILFORD STAIN & BLACKING COMPANY

346 Congress St. Boston, Mass.

ARE your department heads receiving copies of HOSPITAL MANAGEMENT? You should see to it that they are, for each issue contains much of value to them that will be reflected in the smoother, better functioning of their department when the ideas each issue brings are put into practice. Suggest to them that they subscribe today. $2 a year, or 2 years for $3.

HOSPITAL MANAGEMENT
612 No. Michigan Ave. Chicago, Ill.

Simple New Stirrer Developed

» » To meet the demand for a more powerful, variable speed, non-sparking laboratory stirrer, the Lab-Mix Sr. has been evolved by the Chemical Publishing Co. of New York City. The mixer is a sturdy and well built piece of equipment, the manufacturer claims, useful for making emulsions, dissolving dyes, gums and resins, waxes and bitumens pyroxylin, cellulose ethers, casein, glue, gelatin, starch, salts; extracting crude drugs and herbs, oil seeds, and complex organic materials.

Actuated by a shaded pole type motor, it will run twenty-four hours daily without damage. It can be used only on 110 volts (50 to 60 cycle) A. C. Since it is non-sparking, there is claimed to be no danger of explosion when mixing inflammable liquids, such as alcohol and benzol. The speed may be varied by the rheostat. The mixer is provided with a screw clamp which fits any ring stand. The shaft and propeller are made of Monel. The pitch of the propeller may be changed with pliers to regulate mixing.

First of Series of Bulletins on Rugs and Carpets Issued

» » The Institute of Carpet Manufacturers of America has issued Bulletin No. 1, "American Loomed Wool Pile Carpets and Rugs." Twenty pages and cover, it is the first of a series of three bulletins which will be published describing and illustrating rugs and carpets. The bulletins are sponsored by the Style Trend Advisory Council of the Institute, and this group will have the cooperation of advisory representatives from the allied home furnishings industries of furniture, drapery and upholstery fabrics, and wall coverings.

Booklet Describes Nature of Carbonated Beverages

» » "The Story Behind The Beverage" is the title of a new pamphlet issued by the American Bottlers of Carbonated Beverages, that industry's national association. It is the printed version of an address delivered by Dr. Howard W. Haggard, associate professor of Applied Psysiology at Yale University, before the annual convention of the carbonated beverage bottlers last November. Beverages in the diets of children and others, information about the origin of beverage flavors, and other interesting facts are brought out.

C-E Stoker Unit

» » The new "C-E Stoker Unit," applicable to all types and sizes of boilers for use in hospitals, hotels, schools, laundries, etc., is described in a folder recently issued by Combustion Engineering Company, Inc., of New York. This unit is made in both the center- and side-retort arrangements and employs a combination of screw and reciprocating raw feed for the coal, alternate fixed and moving grate bars having ports through which air from the integrally mounted air is admitted. A constant speed motor is employed to drive the stoker but by means of a variable speed transmission sixteen rates of coal feed are reported attainable.